

Teacher Evaluation Form

Please have your child's current teacher complete this form and send it to Julie Haffke, Director of Admissions for Ruffing Montessori School. Please provide the teacher with a postage-paid envelope.

Thank you for taking the time to complete this report. Your comments are essential in helping us to assess the child's strengths and needs. This information will be kept confidential.

Return to:

Ruffing Montessori School
ATTN: Director of Admissions
3380 Fairmount Blvd.
Cleveland Heights, Ohio 44118

Child's Name:

Length of time you have known this child and how often you teach him/her each week.

What are his/her strengths and special interests?

Describe the areas in which he/she needs assistance.

Describe his/her interaction with peers.

Describe how he/she relates to adults.

WORK HABITS

	Always	Usually	Sometimes	Seldom	Never
Is the child self-directed?					
Is the child able to focus on a task?					
Does the child complete work?					
Is the child able to follow directions?					
Does the child work well in a group?					
Has the child's attendance been consistent?					

Any additional comments:

Teacher signature

Title

School

Date

Please call Julie Haffke, the Director of Admissions, at 216-321-7571 with any questions.