



# Hawai'i Association of Independent Schools (HAIS)

## Confidential Teacher Reference Report

### Preschool and Kindergarten

Parent/Legal Guardian: Please fill out this section and deliver this form to your child's teacher. Include an addressed and stamped envelope to the school(s) to which you would like this evaluation sent. The evaluator will mail these forms directly to that/those school(s).

Applicant's Name \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First M.I.

Gender:  M  F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applying for Grade: \_\_\_\_ Applicant's Current School: \_\_\_\_\_

Class Size: \_\_\_\_\_ School Hours: \_\_\_\_\_

**To Parent/Legal Guardian:** By submitting this evaluation form and your application for consideration by the member of the Hawai'i Association of Independent Schools (HAIS), you hereby release the HAIS school, its employees and representatives, the evaluator and the evaluator's employer from any and all claims and liability that may arise from information provided. All information provided on the attached evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This evaluation will remain confidential and does not become part of the student's permanent academic record.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**To the Teacher:** Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

SOCIAL/EMOTIONAL DEVELOPMENT:				
Eye contact	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Flexible/adaptable	<input type="checkbox"/> Transitions easily	<input type="checkbox"/> Usually transitions easily	<input type="checkbox"/> Occasionally flexible	<input type="checkbox"/> Rigid, excessive transition time
Interaction with adults	<input type="checkbox"/> Courteous	<input type="checkbox"/> Usually positive	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Interaction with peers (check all that apply)	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
	<input type="checkbox"/> Engages easily	<input type="checkbox"/> Quiet, but content and happy	<input type="checkbox"/> Initiates interaction once comfortable	<input type="checkbox"/> Rarely interacts with others
	<input type="checkbox"/> Positive leader	<input type="checkbox"/> Can follow or lead	<input type="checkbox"/> Leads on occasion	<input type="checkbox"/> Rarely leads
Play behavior with peers	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Respects authority	<input type="checkbox"/> Role model	<input type="checkbox"/> Usually listens and obeys	<input type="checkbox"/> Occasionally listens and obeys	<input type="checkbox"/> Defiant and/or disrespectful
Self-control	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Self-confidence	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs some support	<input type="checkbox"/> Seems over-confident	<input type="checkbox"/> Poor self-image
Social problem solving	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Accepts responsibility	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Temperament (check all that apply)	<input type="checkbox"/> Joyful/happy	<input type="checkbox"/> Even-tempered	<input type="checkbox"/> Variable moods	<input type="checkbox"/> Hostile/angry
	<input type="checkbox"/> Content	<input type="checkbox"/> Shy/bashful	<input type="checkbox"/> Nervous or withdrawn	<input type="checkbox"/> Bossy or aggressive

WORK SKILLS:				
Ability to work in a group	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Occasionally has trouble	<input type="checkbox"/> Usually has difficulty	<input type="checkbox"/> Has great difficulty
Ability to work independently	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs constant help
Attention span	<input type="checkbox"/> Actively engaged	<input type="checkbox"/> Attentive	<input type="checkbox"/> Variable attention	<input type="checkbox"/> Requires frequent redirection
Completes tasks	<input type="checkbox"/> Consistently on time	<input type="checkbox"/> Usually on time	<input type="checkbox"/> Needs additional time	<input type="checkbox"/> Has difficulty
Eager and curious about learning	<input type="checkbox"/> Intellectually curious	<input type="checkbox"/> Yes, if interested in topic	<input type="checkbox"/> Variable interest	<input type="checkbox"/> Would rather play than work
Follows directions	<input type="checkbox"/> Easily and accurately	<input type="checkbox"/> Usually	<input type="checkbox"/> Needs much explanation	<input type="checkbox"/> Rarely
Reaction to criticism/setbacks	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Non-Verbal and Physical Development	Excellent	Good	Fair	Poor	No Basis for Judgment
Ability to classify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skill development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor skill development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language/Communication Skills	Excellent	Good	Fair	Poor	No Basis for Judgment
Articulates words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequences events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Evaluator:** Your completion of the following section to the extent you are able is greatly appreciated!

Areas in which the child excels: \_\_\_\_\_  
 \_\_\_\_\_

Areas in which the child has the greatest needs: \_\_\_\_\_  
 \_\_\_\_\_

Please share any additional comments about the applicant's personal characteristics and qualities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for your time and evaluation of this applicant. May we contact you if we have questions?

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Email

How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
 Teacher's name (please print or type) | Subject taught

\_\_\_\_\_  
 Signature Date / /