



# COHEN HILLEL ACADEMY

## Pre-School/Kindergarten Evaluation Form

This form should be mailed by the pre-school teacher directly to  
Suzie Cheatham, Director of Admissions, Cohen Hillel Academy

Dear Pre-School Teacher,

\_\_\_\_\_ has applied for admission to Cohen Hillel Academy for the coming academic year. In order to complete a comprehensive evaluation of the child's learning style and to create an appropriate educational program, we need your input. Please respond to the following questions and return this form to us as soon as possible. In advance, let me thank you for your time and effort and the insights that your comments will provide. Please feel free to contact me directly should you have any questions.

Suzie Cheatham  
Director of Admissions

Teacher's name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Classroom setting: number of students \_\_\_\_\_ number of teachers \_\_\_\_\_ number of aides \_\_\_\_\_

In your opinion, what are the strengths this child demonstrates?

In what areas would you like to see this child improve?

How does this child respond to class routines? Please specify his/her behavior in both small and large groups and during transition times.

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