

# TEACHER'S EVALUATION FORM

## GRADE LEVEL: MIDDLE SCHOOL (4-8)

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of Class: \_\_\_\_\_

Other Special Services: \_\_\_\_\_

Frequency:  Full-Day  Half-Day

**1. ATTENDANCE:**  Good  Fair  Poor

**2. ACADEMIC ACHIEVEMENT:**

	<u>Comparison to Classroom Peers</u>			Comments	
	Grade Equiv,	Above or Average	Below Average		Among Worst in Class
Word Recognition	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading Comprehension	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Numerical Skills	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spelling	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**3. PHYSICAL DEVELOPMENT:**

Appearance:

- Normal  Normal/Overweight  Normal/Very Small  Normal/Unkempt  
 Somewhat Abnormal  Significantly Abnormal

Physical handicaps or deformities (describe): \_\_\_\_\_

Sensory handicaps (visual, hearing, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

**4. COORDINATION:**

	Excellent	Very Good	Good	Fair	Poor
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. SUGGESTION OF PERCEPTUAL PROBLEMS?**  Yes  No

If yes, please describe: \_\_\_\_\_

**6. BEHAVIORAL AND AFFECT:**

- Nervous  Moody  Quiet  Impulsive  Hyperactive  
 Persevering  Shy  Angry  Immature  Aggressive  
 Talkative  Slow  Happy  Lethargic  Disobedient  
 Uncontrollable  Fearful  Other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## 7. SPEECH & LANGUAGE FUNCTION:

A. Is child bilingual?  Yes  No In which language?

Is child better in one than the other?  Yes  No Is so, which?

Child's communication can most typically be described as (check one):

Spontaneous & meaningful  Over talkative  Inhibited  Inadequate

B. Speech:  Normal  Some articulation errors  Difficult to understand  Unintelligible

C. Language:

Comparison to peers in his/her class:  Good  Average  Fair  Poor

Uses sentences:  Yes  No

Uses gestures:  Yes  No

D. Comprehension: Adequate Questionable Inadequate

Responsiveness and comprehensions to language of—

Peers

Teacher

Comments: \_\_\_\_\_

## 8. SOCIAL SKILLS

A. Relationship to Teacher (Adults):

Eager to Please  Compliant  Cooperative  Defiant  Rebellious

Unable to accept discipline  Need constant prodding or attention

B. Participates in after school program (specify): \_\_\_\_\_

C. Peer Relations:

Initiates contact  Disliked by other Children  Disinterested in other Children

Has friends  Provokes other children  Liked by other children

Leader  Mixes with group  Not part of group  Picked on by others

Comments: \_\_\_\_\_

## 9. PSYCHOLOGICAL TESTS:

Date

Tests

Results/Summary

A. Individual Intelligence Tests: \_\_\_\_\_

B. Personality: \_\_\_\_\_

C. Psychiatric Evaluation: \_\_\_\_\_

## 10. SPECIAL SKILLS:

A. Time Orientation (check all that apply):  Knows days  Knows months  Knows seasons

Knows year  Can tell time a little  Can tell time well  Able to plan  Confused

B. Use of Money (check all that apply):  Knows coins  Can make simple change

Can make complex change  Knows common prices  Can be sent to the store

Able to go shopping (including use of money)  Able to plan (save/calculate)

Comments: \_\_\_\_\_

**11. SPECIAL EDUCATION DEVICES:**

Current     In the Past     Speech Therapy     Remedial Reading     Perceptual Training

What facilities does your school or school system have that might be of assistance to this child?

\_\_\_\_\_

**12. PLACEMENT:**

Proposed school placement for next semester. Please indicate grade and type of class: \_\_\_\_\_

\_\_\_\_\_

**13. COMMENTS**

A. What makes this child "different" from others in the classroom? \_\_\_\_\_

\_\_\_\_\_

B. Do you feel this child needs special educational facilities? \_\_\_\_\_

\_\_\_\_\_

C. Please feel free to elaborate on any of the above points or to add other information you feel is relevant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

# VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Each rating should be considered in the context of what is appropriate for the age of the child you are rating and reflect his/her behavior. Please indicate the number of weeks or months you have been able to observe the behaviors \_\_\_\_\_.

Frequency Code: 0 = Never    1 = Occasionally    2 = Often    3 = Very Often

1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork <i>(not due to oppositional behavior or failure to understand)</i>	0	1	2	3
5. Has difficulty organizing tasks or activities	0	1	2	3
6. Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations or games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (ie, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful anxious or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted or unloved; complains that "no one loves him/her"	0	1	2	3
35. Is sad unhappy or depressed	0	1	2	3

# VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE (continued)

## ACADEMIC PERFORMANCE

	Problematic		Average		Above Average	
Reading	1	2	3	4	5	
Mathematics	1	2	3	4	5	
Written Expression	1	2	3	4	5	
Homework Completion	1	2	3	4	5	

## CLASSROOM BEHAVIOR

	Problematic		Average		Above Average	
Relationship with peers	1	2	3	4	5	
Following directions/rules	1	2	3	4	5	
Disrupting class	1	2	3	4	5	
Assignment completion	1	2	3	4	5	
Organization skills	1	2	3	4	5	

Please include any observations you feel are pertinent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_