

Teacher Observation & Evaluation

(Three Month Performance)

Name: _____

Date: _____

	Satisfactory	Have concerns
• Shows genuine concern for children	_____	_____
• Demonstrates a positive attitude	_____	_____
• Is punctual	_____	_____
• Takes initiative	_____	_____
• Is dependable	_____	_____
• Shows flexibility	_____	_____
• Is sensitive to others	_____	_____
• Is willing to take direction	_____	_____
• Works as part of a team	_____	_____
• Communicates effectively with others	_____	_____
• Respects confidentiality	_____	_____
• Dresses appropriately	_____	_____

Comments: _____

Director's Signature _____

Teacher's Signature _____

Dear Parents,

This is to inform you that your child has been exposed to a communicable disease at _____
Preschool. Please notify us if your child contacts this disease. Refer to the guidelines in your handbook as to when your child may return to school.

Type: Chickenpox

Other _____

Date: _____

Class: _____

Note: You may want to inform parents about the disease from a local source or web site—simply cut and paste!

Accident Report

If it takes more than a hug and a kiss to comfort the child, report the following:

Child's Name _____

Date/Time _____

Teacher/s _____

What happened _____

What was done (type of first aid, TLC, telephone parents, etc.) _____

After the accident _____

Complete this form for any accident that happens during school hours. The original report should be left with the director. A copy should be sent home with the child on the same day the accident occurred. The director should be informed of the accident prior to leaving school for the day.