

<b>Date:</b>	<b>Teacher:</b>
<b>Circle Time A.M.</b>	Great   Good   Needs Improvement*
<b>Activity/Craft</b>	Used age appropriate techniques Participated Needs Improvement*
<b>Barn Time</b>	Great   Good   Needs Improvement*
<b>Circle Time P.M.</b>	Great   Good   Needs Improvement*
<b>Activities P.M.</b>	Great   Good   Needs Improvement*
<b>Interactions with Children/Teachers</b>	Kind            Used their words Shared        Trouble sharing Inclusive      Trouble listening Listened       Needs Improvement*
<b>Positive Comments</b>	

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**\*Additional Comments:**

Date: \_\_\_\_\_

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Date: \_\_\_\_\_

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