

Preschool Evaluation Form

Confidential – Please send directly to requesting School

Name of Student: _____

Preschool: _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____ Date: _____

A consortium of schools has developed this form to better allow an open exchange of information about the student whose name appears above. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We greatly appreciate your taking the time and effort to complete and return this form. Your insights and observations are important to all of us. Please know that the professional comments you share will be held in strictest confidence and we thank you in advance for your assistance and cooperation.

Social and Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustration				
Separates from parents				
Shares materials and possessions				
Functions independently				
Asks for help when needed				

Comments: _____

Physical Development	Mature	Age Appropriate	Needs Development	Immature
Fine motor control				
Gross motor control				
Handedness established		R L		

Cognitive Development	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Interacts with materials				
Follows directions				

Do you feel that this child is ready for a full time Kindergarten program? Yes No

Would this child be more appropriately placed in a full time Pre-Kindergarten Program? Yes No

Comments: _____

How would you describe this child? _____

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows the rules and policies of the school				
Has realistic expectations for their child				
Meets financial obligations in a timely manner				

Comments: _____

Signature: _____ Type or print name: _____

Title or position: _____

How long have you known this child? _____ Telephone: _____

First date of child's enrollment in your school: _____ Today's date: _____

Check here if you would like us to call you to discuss this applicant further.

Your judgments are used solely for the admissions process and are held in strictest confidence.
 We thank you in advance for the help your comments provide.