IMMACULATE HEART OF MARY SCHOOL

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Confidential
Please send directly to
Immaculate Heart of Mary School

PRESCHOOL EVALUATION FORM

_____
Name of Student

_____
Preschool

_____
Address

_____
City State Zip

_____
Telephone Date

This form was developed 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 & 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 & Possessions				

Functions Independently				
Asks for Help when Needed				

Comments: _____

_____

Physical Development	*Mature*	*Age Appropriate*	*Needs Development*	*Immature*
Fine Motor Control				
Gross Motor Control				
Relates to Peers				
Handedness Established	Yes	Right	Left	No

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 _____

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				
Demonstrates an Interest in Learning				
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

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