

# Confidential <u>Transitional Kindergarten</u> Evaluation to be returned directly to:

## St. Cecilia School 660 Vicente Street San Francisco, California 94116 415-731-8400

www.stceciliaschool.org office@stceciliaschool.org

#### (via US Mail or Personal-Delivery or Email)

I, the parent or legal guardian of this student, give permission for the teacher to release information regarding my child.

Signature of Parent/Guardian	l	Date	
PLEASE PRINT			
Name of Child:	Age :		
Name of Preschool:			
GENERA	AL DEVELOPMENT: P	lease Check	
	Satisfactory for	Improvement	
	this age level	Needed	
Interaction with others			
Shares - cooperates			
Is sensitive to others'			
feelings			
Interaction with adults			

Follows routine requests/limits	
Adapts to new situations	
Handles frustrations	
Can express himself/herself well	
Articulation	
Attention span	
Completes tasks	

# MOTOR DEVELOPMENT: Please Check

	Satisfactory for this age level	Improvement Needed
Walking		
Running		
Hopping		
Skipping		
Jumping		
Drawing		
Cutting		
Coloring		
Printing		
Pencil Grip		

## LANGUAGE DEVELOPMENT: Please Check

			factory for age level	Improver Neede	
Fluency in	English				
Vocabulary	•				
Clarity of S	peech				
This child te	ends to be:	(Please circ	le all that appl	y)	
Quiet Outgoing Talkative Confrontatio	Helpful	Secure Moody Sedentary Mean	Confident Aggressive Active Thoughtful	Independent Bossy Assertive Generous	Withdrawn Happy Sad Funny
How many d	lays a week do	es the child a	ttend school?		
This child h	as attended ou	r school since	e		
Does this child receive special services?					
If yes, please list types of services					
Would you l	ike us to conta	ıct you about	this child?	Yes1	No
I feel this child is ready for a full Transitional Kindergarten programYesNo					
	dditional com d Improvemei		e include infor	mation about any	area that you

TEACHER'S SIGNATURE :	Date:
Preschool Teacher's Name:	
Telephone Number of Preschool:	