



**Confidential Kindergarten Evaluation to be returned directly to:**

**St. Cecilia School  
660 Vicente Street  
San Francisco, California 94116  
415-731-8400  
[www.stceciliaschool.org](http://www.stceciliaschool.org)  
[office@stceciliaschool.org](mailto: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

\_\_\_\_\_  
Date

**PLEASE PRINT**

Name of Child : \_\_\_\_\_ Age : \_\_\_\_\_

Name of Preschool: \_\_\_\_\_

**GENERAL DEVELOPMENT: Please Check**

	Satisfactory for this age level	Improvement 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		
Skiping		
Jumping		
Drawing		
Cutting		
Coloring		
Printing		

This child tends to be: (Please circle all that apply.)

Quiet	Shy	Secure	Confident	Independent	Withdrawn
Outgoing	Fearful	Moody	Aggressive	Bossy	Happy
Talkative	Helpful	Sedentary	Active	Assertive	

How many days a week does the child attend school? \_\_\_\_\_

This child has attended our school since \_\_\_\_\_

Does this child receive special services? \_\_\_\_\_

If yes, please list types of services \_\_\_\_\_

\_\_\_\_\_

Would you like us to contact you about this child? \_\_\_\_\_Yes \_\_\_\_\_No

I feel this child is ready for a full Kindergarten program. \_\_\_\_\_Yes \_\_\_\_\_No

Please add additional comments. Please include information about any area that you have checked Improvement Needed.

\_\_\_\_\_

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TEACHER'S SIGNATURE : \_\_\_\_\_ Date: \_\_\_\_\_

Preschool Teacher's Name: \_\_\_\_\_

Telephone Number of Preschool: \_\_\_\_\_