

Kindergarten Admission Information -- Parent's Rating Form

Student's Name _____

Student's Age _____

Date _____

Parent's Name _____

Purpose: Our school recognizes that parents can provide valuable information that can be helpful in planning a better school program for their child. You can supply this information by responding to the items listed below.

Directions: Read each item and check the column ("No", "Uncertain", or "Yes") on the right that best applies to your child.

Personal/Speech

Can your child tell others his/her

No Uncertain Yes

1. first and last name?			
2. age?			
3. street address(if applicable)?			
4. birth date/			
5. telephone number?			

Beginning Academic Skills

Does your child

No Uncertain Yes

6. recognize(by naming) five colors?			
7. recognize (by Naming) ten colors?			
8. count by rote to five?			
9. count by rote to ten?			
10. recognize numerals to five?			
11. recognize numerals to ten?			
12. comprehend numerals to five?			
13. recognize some lower case letters?			
14. recognize some upper case letters?			
15. comprehend pictures depicting action in books?			
16. comprehend stories read to him or her?			

Visual- and Fine-Motor Skills

Does your child

No Uncertain Yes

17. recognize his/her name in print?			
18. copy a circle and a plus sign?			
19. write his/her first name?			
20. write his/her last name?			
21. draw pictures that are recognizable?			
22. try to stay within the lines when coloring a picture with crayons?			
23. use scissors to cut paper?			
24. successfully complete arts & crafts projects appropriate for age?			
25. assemble puzzles appropriate for age?			

Dominance/Laterality

Does your child consistently

No Uncertain Yes

26. use the same hand as the preferred hand?			
27. discriminate between his/her right hand and left hand?			
28. follow the pattern of working left to right and top to bottom when appropriate?			

Self-Help Skills

Does your child

No Uncertain Yes

29. dress himself/herself?			
30. button his/her clothing?			
31. totally care for toileting needs?			
32. tie his/her shoes?			
33. know which shoe goes on which foot?			
34. usually take care of personal items?			

Social Skills

Does your child

No Uncertain Yes

35. greet others in an appropriate manner?			
36. usually share and take turns willingly?			
37. usually play well with at least one child?			
38. willingly and cooperatively participate in small-group activity or game?			
39. show concern for using materials and equipment safely and appropriately?			

Emotional/Self-Reliance

Does your child

No Uncertain Yes

40. willingly engage in a new activity?			
41. usually make an effort to solve problems before seeking help from others?			
42. usually continue an activity without constant attention and encouragement?			
43. usually continue a task until completed or until it is time to stop?			
44. usually accept limits set by an adult?			
45. usually reflect a happy disposition?			

Speech

Does your child

No Uncertain Yes

46. express needs and requests verbally rather than by inappropriate means?			
47. have speech that is understandable?			
48. speak in sentences of four or more words?			

Please use the back of this form to list and explain any additional information regarding your child that the teacher or other personnel should be aware of (allergies, medications, significant developmental history, etc.)

Kindergarten Admission Information -- Teacher's Rating Form

To be completed by the preschool teacher

Student's Name _____

Student's Age _____

Date _____

Teacher's Name _____

Purpose: As a preschool teacher, you may have pertinent data that can be helpful in determining program placement and planning for the student listed above.

You can supply this data by responding to the items listed below.

Directions: Read each item and check the column ("No", "Uncertain", or "Yes") on the right that best applies to your child.

Personal/Speech

Can this student tell others his/her

No Uncertain Yes

1. first and last name?			
2. age?			
3. street address(if applicable)?			
4. birth date/			
5. telephone number?			

Beginning Academic Skills

Does this student

No Uncertain Yes

6. recognize(by naming) five colors?			
7. recognize (by Naming) ten colors?			
8. count by rote to five?			
9. count by rote to ten?			
10. recognize numerals to five?			
11. recognize numerals to ten?			
12. comprehend numerals to five?			
13. recognize some lower case letters?			
14. recognize some upper case letters?			
15. comprehend pictures depicting action in books?			
16. comprehend stories read to him or her?			

Visual- and Fine-Motor Skills

Does this student

No Uncertain Yes

17. recognize his/her name in print?			
18. copy a circle and a plus sign?			
19. write his/her first name?			
20. write his/her last name?			
21. draw pictures that are recognizable?			
22. try to stay within the lines when coloring a picture with crayons?			
23. use scissors to cut paper?			
24. successfully complete arts & crafts projects appropriate for age?			
25. assemble puzzles appropriate for age?			

Dominance/Laterality

Does this student consistently

No Uncertain Yes

26. use the same hand as the preferred hand?			
27. discriminate between his/her right hand and left hand?			
28. follow the pattern of working left to right and top to bottom when appropriate?			

Self-Help Skills

Does this student

No Uncertain Yes

29. dress himself/herself?			
30. button his/her clothing?			
31. totally care for toileting needs?			
32. tie his/her shoes?			
33. know which shoe goes on which foot?			
34. usually take care of personal items?			

Social Skills

Does this student

No Uncertain Yes

35. greet others in an appropriate manner?			
36. usually share and take turns willingly?			
37. usually play well with at least one child?			
38. willingly and cooperatively participate in small-group activity or game?			
39. show concern for using materials and equipment safely and appropriately?			

Emotional/Self-Reliance

Does this student

No Uncertain Yes

40. willingly engage in a new activity?			
41. usually make an effort to solve problems before seeking help from others?			
42. usually continue an activity without constant attention and encouragement?			
43. usually continue a task until completed or until it is time to stop?			
44. usually accept limits set by an adult?			
45. usually reflect a happy disposition?			

Speech

Does this student

No Uncertain Yes

46. express needs and requests verbally rather than by inappropriate means?			
47. have speech that is understandable?			
48. speak in sentences of four or more words?			

Health/Physical

Does this student

No Uncertain Yes

49. appear to have good physical health and stamina?			
50. appear to be free of physical/mental conditions or problems that might cause a need for special services?			