



Sherman Oaks, CA 91423

## PRESCHOOL EVALUATION FORM

SCHOOL REQUESTING INFORMATION:

ST. FRANCIS DE SALES ·  
13368 VALLEYHEART DRIVE · SHERMAN OAKS, CA 91423

Name of Student: \_\_\_\_\_

Preschool: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

A consortium of schools has developed this form to better allow an open exchange of information about the student whose name appears above. 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 anticipate that the professional comments shared will be held in strictest confidence and we thank you in advance for your assistance and cooperation.

| <b>Social and Emotional Development</b> | 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                 |        |                 |                   |          |

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| <b>Physical Development</b> | Mature | Age Appropriate | Needs Development | Immature |
|-----------------------------|--------|-----------------|-------------------|----------|
| Fine motor control          |        |                 |                   |          |
| Gross motor control         |        |                 |                   |          |
| Handedness established      |        |                 |                   |          |

Child's Name \_\_\_\_\_

| Cognitive Development                | Age    |             | Needs       |          |
|--------------------------------------|--------|-------------|-------------|----------|
|                                      | Mature | Appropriate | 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 Kindergarten program? \_\_\_Yes \_\_\_No

Comments:

\_\_\_\_\_  
 \_\_\_\_\_

| Family Information                           | Yes | No |
|--|-----|----|
| 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 timely manner |     |    |

Comments:

\_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

*(Please type your name, add a digital signature, or print and sign)*

Title or Position \_\_\_\_\_ How long have you know this child? \_\_\_\_\_

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