

Language Ability:

	Needs Improvement				Average				Area of Strength		No Opinion
	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Overall Language Ability	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Articulation	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Vocabulary	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Verbal Expression	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

Comments: _____

Pre-Academic Skills:

	Needs Improvement				Average				Area of Strength		Not Applicable
	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Prints First Name	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Identifies Alphabet Letters	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Identifies Letter Sounds	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Orally Counts to 30	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Counts 15 Objects	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Attends/Comprehends Storytelling	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Draws with Complexity	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Basic Coordination	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Small Motor Skills	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
Gross Motor Skills	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

Comments: _____

Do you feel this child is ready for a full-time Kindergarten program? Yes No

Do you believe this child would benefit in a Transitional Kindergarten (TK) program? Yes No
 (TK is a step between preschool and a full-time academic Kindergarten)

Has the applicant's attendance been regular? Yes No Is the applicant on time for school/class? Yes No

List 5 characteristics about the parent(s) role in their child's education: _____

List 5 characteristics of this child that best explains their personality and potential: _____

Signature: _____ Type or print: _____

Title or Position: _____

Name of School: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

How long have you known this child? _____ Telephone: _____

First date of child's enrollment in your school? _____ Today's Date: _____

Best time to contact you? _____