



Language Ability:

|                          | Needs Improvement |   |   |   | Average |   |   | Area of Strength |   |    | No Opinion               |
|--------------------------|-------------------|---|---|---|---------|---|---|------------------|---|----|--------------------------|
|                          | 1                 | 2 | 3 | 4 | 5       | 6 | 7 | 8                | 9 | 10 |                          |
| 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 |                          |
| 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? \_\_\_\_\_