



# Preschool Evaluation Form

Student's Name \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

St. Monica Catholic Elementary School has developed this form to gather information about the student whose name appears above. Your completion of both sides of this evaluation is extremely helpful. It is important that the child's next school placement be an appropriate one for both the student and the family. We would greatly appreciate your thoughtful evaluation of the student in the areas specified below. Please know that the professional comments you share will be held in strictest confidence and we thank you in advance for your assistance and cooperation.

Social & Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Responds to frustrations appropriately				
Separates from parents				
Shares materials and possessions				
Functions independently				
Asks for help when needed				
Initiates play with peers				
Demonstrates self control				
Demonstrates an interest in learning				
<b>Cognitive Development</b>				
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Demonstrates ability to problem solve				
Follows directions: single-step				
Follows directions: multiple-step				
<b>Physical Development</b>				
Fine Motor Control				
Gross Motor Control				
Speech Development, articulation				
Speech Development, intelligibility				
Handedness established	Yes?	No?	Right	Left

Family information	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Has realistic expectations for their child				
Meets financial obligations in a timely manner				
Child's Punctuality				
Child's Attendance				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any health issues that we should be aware of? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How would you describe this child?

Strengths: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Challenges: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I recommend this child:

enthusiastically \_\_\_\_\_ with confidence \_\_\_\_\_ with reservations \_\_\_\_\_ not at all \_\_\_\_\_

I would like a telephone conference to provide further information. no \_\_\_\_\_ yes \_\_\_\_\_

Best time to call \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Type or Print \_\_\_\_\_

Title or Position \_\_\_\_\_ Phone \_\_\_\_\_

How long have you known this child? \_\_\_\_\_

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

Today's Date: \_\_\_\_\_