Kindergarten Student Evaluation Form

Student:_________________________________________________________________

Pre-School/Nursery School:_________________________________________________

Evaluator:___________________________________Position:_____________________

How long have you known this student?______________________

How long has this student been enrolled at your program?____________________

Emotional Development
Has this child had any repeated problems for an extended period of time?

☐ Yes    ☐ No

If yes, please explain________________________________________________

Can this child sit still for a short period of time to listen to a story, do a simple task, etc…

☐ Yes    ☐ Not at this time.

How well does this child react when plans change?

☐ Becomes upset
☐ Cries easily
☐ Accepts change without becoming upset

Does the child tire easily?  Seem overly restless or fidgety?

☐ Yes    ☐ Sometimes    ☐ Seldom    ☐ Not at all

Child accepts consequences without tantrums and can regroup to proceed with the day

☐ Yes    ☐ No

Is child easily distracted?

☐ Yes    ☐ No

Does the child cling to mom/dad/guardian/teacher?

☐ Yes    ☐ No

Self Help Skills
Can this child dress him/herself (i.e. buttons, zippers, snaps, laces, etc…)?

☐ Yes    ☐ Yes with a little help    ☐ Mostly needs help

Can the child take care of his own belongings (i.e. lunchboxes, coats, backpacks, etc…)?

☐ Yes    ☐ No

Can the child take care of his/her own bathroom needs?

☐ Yes    ☐ Most of the time    ☐ Needs a little help    ☐ No

Social Skills and Behaviors
Is the child able to easily share things such as toy, pencils, crayons, etc…?

☐ Yes    ☐ No

Does the child remember to use good manners(i.e. please, thank you, excuse me, etc…)?

☐ Yes    ☐ No

Does the child seem to play and work cooperatively with others?

☐ Most of the time    ☐ Some of the time    ☐ has difficulty
Child waits his/her turn to speak in a group?
  □ Yes    □ No

**School Skills**
Does the child obey classroom, school, and playground rules?
  □ Yes    □ No

Can the child follow a:
  SINGLE DIRECTION? □ Yes    □ No
  TWO PART DIRECTION? □ Yes    □ No
  THREE PART DIRECTION? □ Yes    □ No

Does the child know his/her first and last name?
  □ Yes    □ No

Does this child show an interest in learning?
  □ high interest    □ average interest    □ little interest

Can this student work independently?
  □ Yes    □ Has difficulty

Does this child use materials (i.e. scissors, crayons, glue, pencils,) appropriately?
  □ Yes    □ No

Does the child know the name of four or more colors?
  □ Yes    □ No

Which numbers does the child recognize?____________________________________
Which uppercase letters does the child recognize?________________________________
Which lowercase letters does the child recognize?________________________________

Does this child seem academically ready for kindergarten?
  □ Yes    □ No

Does this child seem emotionally ready for kindergarten?
  □ Yes    □ No

Please use the space below to provide any further information you feel is pertinent in considering this child for kindergarten.

Comments:______________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
______________________________________

______________________________________