

# Ventana School

## Confidential Student Evaluation Form for Kindergarten



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

Applicant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
last first middle month/day/year

**To the parent/guardian:** Print the above information and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to Ventana School.

*For the child named above, I give permission for you to release the information on this form to Ventana School and understand that I will not have access to this confidential information.*

Name of parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date of entry into your program \_\_\_\_\_

Length of school day \_\_\_\_\_ Number of days per week \_\_\_\_\_

Is English applicant's primary language? \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOXES:** 4=Strength 3=Developmentally appropriate 2=More time needed 1=Area of concern

	4	3	2	1		4	3	2	1
Self-help skills (clothes, bathroom, lunch)					Self-motivation				
Fine motor coordination (lacing, puzzles)					Interaction with peers				
Draws with details					Interaction with teachers				
Body and space awareness					Interaction with parents/guardians				
Balance, gait, fluidity of movement					Separation from parents/guardians/caregivers				
Participates in physical group activities					Accepts responsibility for actions				
Speech is clear and understandable					Sense of humor				
Vocabulary					Curiosity				
Asks questions to extend understanding					Attention span/self				
Uses language to problem solve					Transitions easily				
Recognizes letters: upper case					Follows directions and completes tasks				
Recognizes numerals					Ability to work independently				
Recognizes shapes					Ability to focus and contribute				
Demonstrates self-esteem					Resolves conflict: verbally				
Demonstrates self-control					physically				
Acceptance of limits									
Usually chooses: <input type="checkbox"/> Large group <input type="checkbox"/> Small group <input type="checkbox"/> Alone					Usually takes role of: <input type="checkbox"/> Leader <input type="checkbox"/> Follower <input type="checkbox"/> Varies				

Please comment specifically for boxes checked 1 and 2 above: \_\_\_\_\_

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

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PLEASE COMMENT ON THE FOLLOWING:

1. Child's strengths and/or limitations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do the parents/guardians support/follow through on specific school recommendations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are parental expectations of child realistic? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What kind of program would you like to see for the child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please make any other comments you wish to make about the applicant. Include any circumstances of which we should be aware.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form completed by:

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Position

\_\_\_\_\_  
School

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date