



# CATHEDRAL ACADEMY

## Confidential Student Evaluation Kindergarten

Name of applicant \_\_\_\_\_ Candidate for ( \_\_\_ ) K4 ( \_\_\_ ) K5

I/We hereby authorize release of requested information to complete the admissions process at CA.

I/We understand this becomes part of my student's application file.

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

### To the Pre-School Teacher:

The student named above is a candidate for admission to Cathedral Academy. We would appreciate your completing this form and returning it directly to Cathedral Academy within one week.

Please rate as follows: **M** = most of the time    **S** = some of the time    **N** = not yet

#### Academic Development

- Follows simple directions
- Works well independently
- Puts effort and neatness into work
- Is developing good listening skills
- Articulates sounds correctly
- Recognizes color, letters and numbers appropriate for age level
- Takes care of materials
- Uses time wisely
- Shows interest in books and stories
- Communicates with teacher
- Communicates with peers

#### Social & Emotional Development

- Assists in clean-up
- Is included in small group play
- Is cooperative as a member of a group
- Participates willingly in activities
- Shows self-discipline
- Responds favorably to correction
- Is dependable
- Accepts changes and disappointments
- Respects authority
- Refrains from unnecessary talking
- Refrains from hitting, kicking, biting, etc.

#### Physical Development

- Age appropriate fine motor coordination (coloring, cutting, painting, etc.)
- Age appropriate gross motor coordination (walking, running, jumping, etc.)

#### General Behavioral Characteristics

Please answer:

**Y** = usually    **S** = sometimes    **N** = hardly ever

- Sustains attention for appropriate amount of time
- Can move on to new activities and stop old ones
- Perseveres and follows through on tasks
- Exhibits overall average or better ability
- Accepts limits set by an adult
- Has a positive self-image
- Appears mature for age
- Exhibits overly active/restless behavior
- Has inconsistent learning behavior
- Is lethargic or withdrawn
- Is forgetful
- Has handicaps or problems that may require special services
- Expresses anger in outbursts

**Additional Comments:** Please feel free to provide any information you feel will guide us. Thank you for your time and cooperation. Your evaluation will remain confidential.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_