

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: _____

