



Kindergarten Readiness Evaluation Form

Applicant's Name: _____ Date of birth: _____

Applicant's Address: _____ Telephone: _____

I am giving permission to the school my child is currently attending to provide relevant information to St. Justin School.

Parent's Signature: _____ Date: _____

To the Pre-school Teacher: Thank you very much for your assistance. Your remarks will be held in the strictest confidence and will be most appreciated as we begin our review of the applicant for possible admission to our school. Please e-mail this form to Dionne Stuhr at dionne.stuhr@dsj.org or fax to 408.246.0691. School to return this not students family.

Name of preschool: _____

Address: _____ Telephone: _____

Teacher's Name/Signature _____ Date: _____

Skills and Habits	Strong	Satisfactory	Needs Improvement	Not Taught
Follows routines independently				
Follows directions				
Can work alone				
Works well in small groups				
Seeks only fair share of teacher's attention				
Works neatly				
Listens quietly; Attention span				
Speaks clearly				
Contributes to group discussions				
Waits turn when speaking in a group				
Accepts and responds to teacher's authority				
Respects people/things around her/him				
Plays and shares cooperatively				
Has appropriate control over feelings				
Counts to:				
Identifies numerals				
Prints first name				
Identifies lower case letters of alphabet				
Identifies upper case letters of alphabet				
Knows basic colors				
Draws/colors within lines				
Cuts on straight/curved lines				
Holds pencil correctly				
Identifies shapes				
Participates in music activities				
Participates in art activities				
Demonstrates large motor coordination				

Please share any relevant information that will assist us in considering this student for acceptance to our school:

Please return this form via email dionne.stuhr@dsj.org or fax 408-246-0691