800 Phillips Avenue · High Point, NC 27262 · (336) 841-8702 · Fax: (336) 841-8850 · www.hpcacougars.org

Confidential Preschool Student Evaluation

To the Preschool Teacher:
The student below is a candidate for admission to HPCA. We would appreciate you completing this form and returning it within one week to: HPCA Admissions Office, 800 Phillips Avenue, High Point, NC 27616 or Fax to (336) 841-8850.

Name of applicant _____

Please rate as follows: M = most of the time S = some of the time N = no	
Academic Development	**General Behavioral Characteristics**
___Follows simple directions ___Works well independently ___Puts effort and neatness into work ___Is developing good listening skills ___Articulates sounds correctly ___Communicates with peers ___Communicates with teacher ___Writes first name ___Takes care of materials ___Uses time wisely ___Shows interest in books and stories ___Recognizes the letters of the alphabet ___Recognizes numbers 1-10 ___Recognizes the basic colors ___Recognizes basic shapes	___Sustains attention for appropriate amount of time ___Can move on to new activities and stop old ones ___Perseveres and follows through on tasks ___Accepts limits set by an adult ___Exhibits overall average or better ability ___Has a positive self-image ___Appears mature for age ___Exhibits overly active/restless behavior ___Has inconsistent behavior ___Is lethargic or withdrawn ___Is forgetful ___Has handicaps or problems that may require special services ___Expresses anger in outbursts
Social & Emotional Development	**Physical Development**
___Assists in clean-up ___Refrains from unnecessary talking ___Is cooperative as a member of a group ___Participates willingly in activities ___Shows self-discipline ___Responds favorably to correction ___Refrains from hitting, kicking, biting, etc. ___Accepts changes and disappointments ___Respects authority	___Age appropriate fine motor coordination (coloring, cutting, painting etc.) ___Age appropriate gross motor coordination (walking, running, jumping, etc.)

Does this applicant take care of toileting needs independently? (Circle One) Yes or No

What grade level placement would be your recommendation? (Circle One) Transitional Kindergarten or Kindergarten

Additional comments: Please provide any additional information that will assist us on the back of this sheet.

Name of Teacher_____ Date_____

Position_____ Name of School_____

Address of School_____ Zip_____

I/We authorize the release of requested information to complete the admission process at HPCA. I/We understand this becomes past of my student's application file.

Signature of parent/guardian_____ Date_____

Please return within one week to: HPCA Admissions Office, 800 Phillips Ave., High Point, NC 27262, or Fax to (336) 841-8850