



CONFIDENTIAL PRESCHOOL EVALUATION FORM

Due Date: January 6, 2017

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PLEASE SEND DIRECTLY TO REQUESTING SCHOOL. PLEASE COMPLETE ALL SECTIONS.

*School Requesting Information: Adrienne Avena, Director of Admissions
12001 Sunset Boulevard, Los Angeles, California 90049 • (310) 889-2812 • Fax: (310) 471-0391*

Name of Student: _____ Birthdate: _____
Preschool Director: _____ Preschool: _____
Address: _____ City: _____ Zip Code: _____
Director's Email: _____ Phone: _____ Date: _____

A consortium of schools has developed this form to better allow an open exchange of information about the student whose name appears above. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We greatly appreciate your taking time and effort to complete and return this form. **Please submit by email to jsevillano@bwscampus.com.** Your insights and observations are important to all of us. Please know that the professional comments you share will be held in strict confidence. We thank you in advance for your assistance and cooperation.

SOCIAL AND EMOTIONAL DEVELOPMENT	Mature	Age Appropriate	Needs Development	Immature
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustration				
Separates from parents				
Shares materials and possessions				
Functions independently				
Asks for help when needed				

Comments: _____

PHYSICAL DEVELOPMENT	Mature	Age Appropriate	Needs Development	Immature
Fine motor control				
Gross motor control				

Handedness established: ☐ Yes ☐ No *If yes, please circle: Right / Left*

COGNITIVE DEVELOPMENT	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Interacts with materials				
Follows directions				

Does this student attend school on a regular basis?

☐ Yes ☐ No

Do you feel that this child is ready for a full-time kindergarten program?

☐ Yes ☐ No

Comments: _____

How would you describe this child? _____

FAMILY INFORMATION	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows the rules and policies of the school				
Has realistic expectations for their child				
Meets financial obligations in timely manner				

Comments: _____

☐ Check here if you would like us to call you to discuss this student in greater detail.

Signature: _____ Type or Print Name: _____

Title or Position: _____

How long have you known this child? _____ Phone: _____

First date of child's enrollment in your school: _____ Today's Date: _____

Your judgements are used solely for the admissions process and are held in strictest confidence.

We thank you in advance for the help your comments provide.