



# CONFIDENTIAL PRESCHOOL EVALUATION FORM

Due Date: January 6, 2017

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

*School Requesting Information: Adrienne Agena, 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](mailto: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.

<b>SOCIAL AND EMOTIONAL DEVELOPMENT</b>	<b>Mature</b>	<b>Age Appropriate</b>	<b>Needs Development</b>	<b>Immature</b>
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>PHYSICAL DEVELOPMENT</b>	<b>Mature</b>	<b>Age Appropriate</b>	<b>Needs Development</b>	<b>Immature</b>
Fine motor control				
Gross motor control				

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

<b>COGNITIVE DEVELOPMENT</b>	<b>Mature</b>	<b>Age Appropriate</b>	<b>Needs Development</b>	<b>Immature</b>
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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>FAMILY INFORMATION</b>	<b>Consistently</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Rarely</b>
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.**