



Child's Name _____

Current School _____

Birth Date _____

Teacher's Name _____

Date Completed _____

School's Phone _____

Dear Teachers,

We greatly appreciate your time in thoughtfully completing this inquiry. Please place a **numeral** in the box that best describes his child's development. After completing this form, please return to **St. Margaret Mary Catholic School, 142 E. Swoope Ave., Winter Park, FL 32789 or FAX to 407-644-7357, Attn: Kindergarten.**

1=Below Average; 2=Average; 3=Above Average; 4=Outstanding

Participates in activities		Follows simple directions	
Displays initiation and curiosity		Sits and listens to short stories	
Accepts some responsibility for actions		Adjusts to new situations	
Appears rested and alert		Has appropriate attention span	
Follows classroom routine		Shares and takes turns	
Exhibits age-appropriate self-control		Is cooperative	
Recognizes own body space		Expresses feelings appropriately	
Exhibits appropriate gluing and cutting		Recognizes the need to use the bathroom	

1. This student's favorite center: _____

2. What is this student's greatest strength? _____

3. What is this student's greatest need? _____

4. Regular attendance: Yes No

5. Primary Language: _____

6. Has the student been recommended for any special services? Yes No

If yes, please explain: _____

7. Did this student receive any special services? Yes No

8. Have parents volunteered to help at school or at home? Yes No

9. In your professional opinion, do you feel this child will be successful in kindergarten?

Please explain: _____

10. What is your wish for this student for the next school year? _____
