



KINDERGARTEN EVALUATION
To be completed by Pre-School Teacher

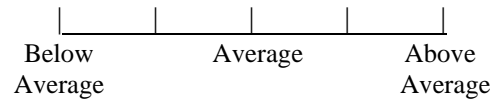
Dear Teacher:

_____ is a candidate for admission to Kindergarten. Your assistance with an assessment of the child would be greatly appreciated. We will treat this questionnaire as confidential, and it will be seen only by the Kindergarten teacher and School Director, then placed in the child's confidential file. The Hebrew Day School does not discriminate on the basis of race, sex, or national origin.

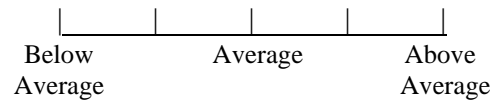
Please evaluate this student in relation to other children in the applicant's age group. Place an "X" in the appropriate area of the scale in the following areas of development.

1. Social/Emotional Development

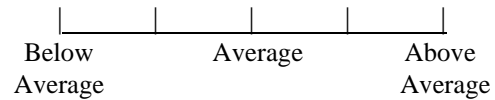
a. Confident of self and abilities



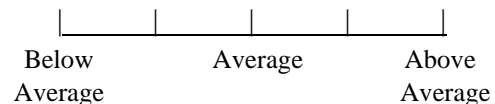
b. Free play choices are appropriate



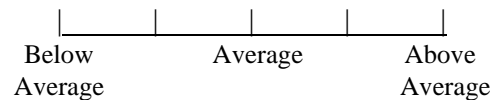
c. Exhibits self-control



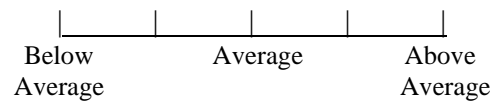
d. Appropriately responds to criticism or disappointment



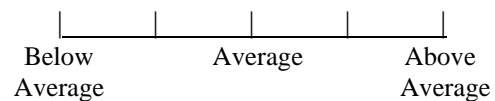
e. Participates in group activities



f. Cooperates with peers



g. Cooperates with adults

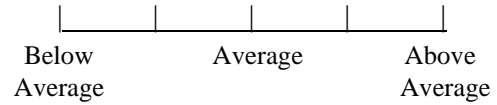


h. Is sensitive to the needs of others

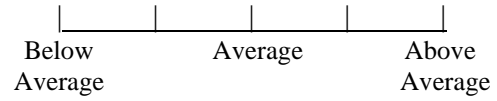


Below Average Average Above Average

i. Exhibits positive attitude toward new activities



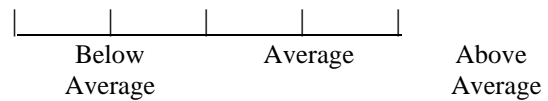
j. Separates easily from parent



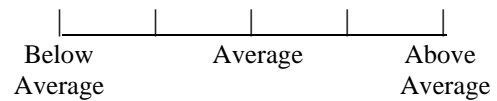
Comments:

2. Physical Development

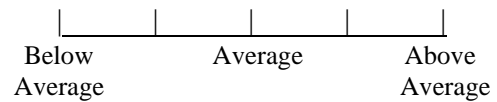
a. Gross motor



b. Small motor



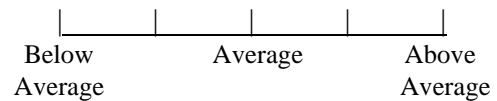
c. Health



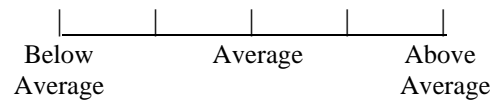
Comments:

3. Academic readiness

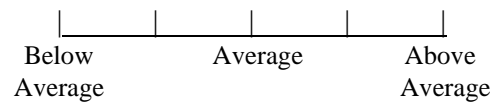
a. Expressive oral language



b. Listening skills



c. Attention span



d. Early reading skills



Below Average Average Above Average

e. Number concepts

|-----|-----|-----|-----|
Below Average Average Above Average

f. Participates in academic activities

|-----|-----|-----|-----|
Below Average Average Above Average

g. Follows directions

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Below Average Average Above Average

h. Puts best effort into whatever is attempted

|-----|-----|-----|-----|
Below Average Average Above Average

i. Enjoys school

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Below Average Average Above Average

Comments:

4. Please comment on any special interests or abilities of this child.

5. Please rate this child's over-all readiness for kindergarten.

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Below Average Average Above Average

Comments:

6. Please comment on anything else a new school should know about this child.

Name of person completing form: _____

How long have you know the applicant? _____

In what capacity have you known the applicant? _____

Signature

Date

School Name

Daytime phone number

Thank you. We appreciate the time you have spent completing this form. Please use the enclosed envelope to return this form to Hebrew Day School.

Hebrew Day School
2937 Birch Hollow Drive
Ann Arbor, MI 48108