



Child's Name: _____

This child has applied for admission to St. Gregory School. Please complete and mail the following evaluation to: St. Gregory School, Attn: Admissions, 2701 Hacienda St., San Mateo, CA. 94403-2425.

How long have you known this child? _____

Length of school day: _____

Date of entry into your program: _____

Number of days per week: _____

Please circle the appropriate rating for each of the following:

3 = most of the time	2 = sometimes	1 = not often
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Verbalizes own feelings	1	2	3
Works & plays cooperatively	1	2	3
Participates with others in group activities	1	2	3
Ability to share and work cooperatively	1	2	3
Ability to wait turn	1	2	3
Shows self control	1	2	3
Demonstrates self-help skills (clothes, bathroom, lunch)	1	2	3
Adjusts easily to new situations	1	2	3
Willing to try new tasks	1	2	3
Follows directions	1	2	3
Observes rules	1	2	3
Respectful of self, others, and adults	1	2	3
Listens attentively during class time	1	2	3
Speaks clearly	1	2	3
Expresses ideas in sentences	1	2	3
Asks questions, seeks help when needed	1	2	3
Concentrates on task given	1	2	3
Manipulates and builds with construction shapes	1	2	3
Produces designs or pictures with art materials	1	2	3
Has a good attention span	1	2	3
Has good fine motor control (example: cutting, stringing beads, puzzles)	1	2	3
Has good gross motor control (example: running, climbing, riding a tricycle)	1	2	3
Holds pencil properly	1	2	3

RECOMMENDATION: Recommend Recommend with reservations Prefer not to make a recommendation
(Please explain below) *(Please explain below)*

(Continue on the back if necessary)

Check here if any information pertaining to his child/family would be better communicated by phone:

Name: _____ Position: _____

School _____ Phone: _____

Signature: _____ Date: _____