



Our Lady of Grace School

TK/Kindergarten Evaluation Form

1990 Linden Road West Sacramento, CA 95691 (916) 371-9416

Only our BEST, LOVE from the Heart, GOSPEL VALUES

CONFIDENTIAL: Evaluation form for transitional kindergarten and kindergarten applications. To be completed by applicant's current school personnel. This form must be returned by the school to Our Lady of Grace School.

Name of Student: _____

Pre-School: _____

Contact Email: _____ Phone: _____

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				
Asks for help when needed				
Respectful to adults				
Follows classroom rules				

Does the child exhibit aggressive /physical behavior toward others? Yes __ Occasionally__ No__

If "Yes" or "Occasionally" please explain: _____

How would you describe this child? _____

Physical Development	Mature	Age Appropriate	Needs Development	Immature
Fine motor control				
Gross motor control				



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Cognitive Development	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Demonstrates an interest in learning				
Follows directions				

Family Information	Outstanding	Good	Satisfactory	Unsatisfactory
Open communication with school				
Participation in school activities				
Cooperation with teachers				
Cooperation with administration				
Follows school rules and policies				

Additional Comments: _____

How many days a week does the child attend your program? ___ how many hours per day? ____

How long have you known this child? _____

Thank you for sharing your insights regarding this student. Please be assured that your comments will be held in strictest confidence. Your observations will help us make the child's next school placement an appropriate one for both the student and the family.

Print Name: _____ Date: _____

Signature: _____ Title or position: _____

Please scan and send to lmacdonald@olgwestsac.com or mail to: Our Lady of Grace School Admissions 1990 Linden Road West Sacramento, CA 95691 Attention: Laura MacDonald