

Kindergarten Admission Information—Parent's Rating Form

Student's Name _____
 Student's Age _____
 Date _____
 Parent's Name _____

Purpose: Our school recognizes that parents can provide valuable information that can be helpful in planning a better school program for their child. You can supply this information by responding to the items listed below.

Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to your child.

Personal/Speech

- Can your child tell others his/her
1. first and last name?
 2. age?
 3. street address (if applicable)?
 4. birth date?
 5. telephone number (if applicable)?

No	Uncertain	Yes

Beginning Academic Skills

- Does your child
6. recognize (by naming) five colors?
 7. recognize (by naming) ten colors?
 8. count by rote to five?
 9. count by rote to ten?
 10. recognize numerals to five?
 11. recognize numerals to ten?
 12. comprehend numerals to five?
 13. recognize some lowercase letters?
 14. recognize some uppercase letters?
 15. comprehend pictures depicting action in books?
 16. comprehend stories read to him or her?

No	Uncertain	Yes

Visual- and Fine-Motor Skills

- Does your child
17. recognize his/her name in print?
 18. copy a circle and a plus sign?
 19. write his/her first name?
 20. write his/her last name?
 21. draw pictures that are recognizable?
 22. try to stay within the lines when coloring a picture with crayons?
 23. use scissors to cut paper?
 24. successfully complete arts and crafts projects appropriate for age?
 25. assemble puzzles appropriate for age?

No	Uncertain	Yes

Dominance/Laterality

- Does your child consistently
26. use the same hand as the preferred hand?
 27. discriminate between his/her right hand and left hand?
 28. follow the pattern of working left to right and top to bottom when appropriate?

No	Uncertain	Yes

Self-Help Skills

- Does your child
29. dress himself/herself?
 30. button his/her clothing?
 31. totally care for toileting needs?
 32. tie his/her shoes?
 33. know which shoe goes on which foot?
 34. usually take care of personal items?

No	Uncertain	Yes

Social Skills

- Does your child
35. greet others in an appropriate manner?
 36. usually share and take turns willingly?
 37. usually play well with at least one child?
 38. willingly and cooperatively participate in a small-group activity or game?
 39. show concern for using materials and equipment safely and appropriately?

No	Uncertain	Yes

Emotional/Self-Reliance

- Does your child
40. willingly engage in a new activity?
 41. usually make an effort to solve problems before seeking help from others?
 42. usually continue an activity without constant attention and encouragement?
 43. usually continue a task until completed or until it is time to stop?
 44. usually accept limits set by an adult?
 45. usually reflect a happy disposition?

No	Uncertain	Yes

Speech

- Does your child
46. express needs and requests verbally rather than by inappropriate means?
 47. have speech that is understandable?
 48. speak in sentences of four or more words?

No	Uncertain	Yes

Please use the back of this form to list and explain any additional information regarding your child that the teacher or other personnel should be aware of (allergies, medications, significant developmental history, etc.).