

KINDERGARTEN REFERENCE FORM

PARENT EVALUATION FORM



Please help us get to know your child. You have spent more time with your child than any other person. Your input on this form will give our Administration valuable insight into the growth and development of your kindergartener. WCCA offers a developmentally based early childhood education program, and desires to make the best determination of your child's developmental readiness for school. Therefore, all applicants must be 5 by September 1st to be considered for Kindergarten. This reference is but a tool we use in this process. We thank you for your time and comments.

Student Information

Student's Name: _____ Date of Birth: _____

Student Reference

Please rate the following statements as they apply to your child by marking the box under the desired selection. Your child is not expected to have all the terms mastered before entering Kindergarten.

	Always	Mostly	Occasionally	Never
1. Makes and enjoys sharing with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Submits to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shows positive behavior changes after correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adjusts to new situations and experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty with his/her temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cries easily or uncontrollably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Enjoys playing with younger children versus children the same age or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Separates from parent without anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Follows adult direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has urinary and bowel control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Knows the procedures for sanitary bathroom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Uses good table manners (i.e. uses utensils, chews with mouth closed, wipes mouth as needed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Uses tissue to blow his/her nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Finishes assigned tasks/responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Can stay on an assigned task for 10-15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Finds constructive things to do independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Listens without interrupting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Listens to a complete story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Follows oral directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Displays appropriate manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Displays positive attitude towards teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Talks with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 24. Uses "baby talk" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Expresses himself/herself in complete sentences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Remembers a song or TV commercial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Relates events of the day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Expresses interest in coming to school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Independent Activities

Check those activities your child can perform independently.

- | | | |
|--|---|--|
| <input type="checkbox"/> Button his/her clothing | <input type="checkbox"/> Use scissors | <input type="checkbox"/> Jump with feet together |
| <input type="checkbox"/> Dress himself/herself | <input type="checkbox"/> Pick up toys | <input type="checkbox"/> Wash hands and face |
| <input type="checkbox"/> Hop on one foot | <input type="checkbox"/> Use the bathroom | <input type="checkbox"/> Ride a bike with training wheels |
| <input type="checkbox"/> Catch a large ball | <input type="checkbox"/> Zip jacket or backpack | <input type="checkbox"/> Ride a bike without training wheels |

Disposition/Temperament

Describe the ways in which your child demonstrates creativity: _____

Write four adjectives or characteristics which you believe describe your child: _____

My child is (choose 2): fun loving laid back organized likes to be in charge

My child needs (choose 1): a moderate amount of structure OR lots of structure

Please tell us anything else you wish us to know about your child: _____

The above assessment of my child is based on my personal observation as the parent/guardian.

Parent Name: _____ Parent Signature: _____ Date: _____