



ECOLE NOTRE DAME DES VICTOIRES

Preschool Student Evaluation Form

Date: _____

TO BE FILLED OUT BY PARENT

Name of Applicant _____
Last First Middle

Date of Birth _____ Applying for Kindergarten _____
Month Day Year

I hereby give permission to release the information on this form concerning my child, (named above) to Notre Dame des Victoires School.

I, the parent, understand that I will not have access to this confidential information.

Parent's Signature

TO BE FILLED OUT BY STUDENT'S PRESENT SCHOOL AND SENT TO NDV

The above-named student has applied for acceptance into our school as indicated. We ask you to complete this descriptive form, which will assist us in deciding if our program suits this child's educational needs. We sincerely appreciate your cooperation in helping to evaluate this applicant, and we assure you that this information will be held in confidence. **It is due no later than December 17th.** Please mail directly to the school or email it to admissions@ndvsf.org.

Name of school: _____

Student's current grade: _____

Current grade class size: _____

How long have you known this student? _____

Date of entry in your program _____

Length of school day _____

Number of days per week _____

Language(s) spoken in the home _____

ECOLE NOTRE DAME DES VICTOIRES

Preschool Student Evaluation Form

Student's Name: _____ Date: _____

4 = strong area **3** = age appropriate **2** = needs development **1** = area of concern

Personal Development

	4	3	2	1
Can be a friend				
Plays cooperatively				
Is supportive of peers				
Relates comfortably with adults				
Shares well				
Demonstrates self-confidence				
Accepts responsibility for behavior				
Solves own problems				
Displays flexibility with changes in routines				
Exhibits creativity/imagination				
Is willing to try new activities				
Separates easily from parent(s)				
Accepts limits				
Can take turns				
Accepts constructive criticism				
Self-help skills (bathroom, clothes, lunch, etc.)				

Physical Development

	4	3	2	1
Small muscle control and coordination				
Large muscle control and coordination				
Speech development				

Skills Development

	4	3	2	1
Listens attentively in small group				
Listens attentively in total class group				
Follows directions				
Completes tasks				
Can focus on a single task				
Works independently				
Respects classroom routines				
Makes own choices				
Moves easily between activities				
Uses material purposefully				
Is self motivated				

ECOLE NOTRE DAME DES VICTOIRES

Preschool Student Evaluation Form

Student's Name: _____ Date: _____

Please comment on the following:

1. Activities this child prefers: _____

2. Most likely to avoid this learning task: _____

3. The child's interaction with peers: _____

4. The child's interaction with parents: _____

5. Need for attention: _____

6. Activity/excitability level: _____

7. How child handles frustration: _____

8. What kind of program would you like to see for this child? _____

9. We welcome any other information that you think would be helpful. Please include comments concerning any special needs of this child and/or family? _____

Specific Recommendation: _____ Highly Recommended _____ Recommended

_____ Recommended with reservations _____ Prefer not to make recommendation (*please explain*)

Name _____ Position _____

School Name _____ Phone _____

School Address _____

Signature _____ Contact Email _____