



Kindergarten Evaluation

10800 Academy Drive • Fredericksburg, Virginia 22408 • 540.898.0020 • Fax: 540.898.8951 • www.fredericksburgacademy.org

Applicant's Name: _____ Current Grade: _____

Teacher's Name: _____ Name of School: _____

Address of School: _____ Telephone/E-mail: _____

The student named above is an applicant for admission to Fredericksburg Academy's Kindergarten. It would be helpful if you would provide the information below. In addition, please include a narrative evaluation on the reverse side. **Your responses will be strictly confidential and will not be shared with the applicant's parents/guardians.** Thank you for your time and assistance.

Child separates from parents easily:	___ Always	___ Usually	___ Sometimes	___ Rarely
Child is pleasant and cooperative:	___ Always	___ Usually	___ Sometimes	___ Rarely
Child has suitable attention span:	___ Always	___ Usually	___ Sometimes	___ Rarely
Child is overly active:	___ Always	___ Usually	___ Sometimes	___ Rarely
Child is overly inactive:	___ Always	___ Usually	___ Sometimes	___ Rarely
Child joins teacher-led activities:	___ Always	___ Usually	___ Sometimes	___ Rarely
Child follows directions:	___ Always	___ Usually	___ Sometimes	___ Rarely
Child interacts with other children:	___ Always	___ Usually	___ Sometimes	___ Rarely
Child is self-disciplined:	___ Always	___ Usually	___ Sometimes	___ Rarely

Child knows numbers: _____

Child knows letters: _____

Child knows colors: _____

Child knows shapes: _____

Child reads: _____

Child controls scissors to cut a straight line: _____

a circle: _____

Which hand does the child use?: _____

Child writes his/her name: _____

Child brings a security object to school: _____

Child wears "pull-ups" or diapers: _____

(Continued on back)

