



## Junior Kindergarten Evaluation

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

Applicant's Name: \_\_\_\_\_ Current Grade/Class: \_\_\_\_\_

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 Junior 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

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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 attempts to write his/her name: \_\_\_\_\_

Child brings a security object to school: \_\_\_\_\_

Child wears "pull-ups" or diapers: \_\_\_\_\_

