



# Kindergarten Evaluation

FREDERICKSBURG ACADEMY  
WELL PREPARED

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: \_\_\_\_\_

THE WORDS CIRCLED HELP TO DESCRIBE THIS APPLICANT:

able aggressive cheerful congenial disruptive honest independent irritable a leader nervous  
poised self-confident shy sociable thoughtful \_\_\_\_\_

PLEASE INCLUDE A NARRATIVE EVALUATION TO HELP US ASSESS THIS CANDIDATE'S SUITABILITY FOR OUR PROGRAM:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your assistance.

Please mail this form directly to:

Office of Admission  
Fredericksburg Academy  
10800 Academy Drive  
Fredericksburg, Virginia  
22408  
Phone: 540.898.0020  
Fax: 540.898.8951  
admission@fredericksburgacademy.org