



# SCHOOL OF THE MADELEINE

1225 Milvia Street | Berkeley, California 94709 | (510) 526-4744 | [www.themadeleine.com](http://www.themadeleine.com)

## Preschool Evaluation for Kindergarten Application

Child's Name \_\_\_\_\_

	Age	Requires	Comments:
	Appropriate	Assistance	
<b><u>Personal Development</u></b>			
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	___	___	
Exhibits a sense of humor	___	___	
Demonstrates flexibility with changes	___	___	
Is curious	___	___	
Is willing to try new activities	___	___	
Separates easily from parents	___	___	
Accepts limits	___	___	
Can take turns	___	___	
Accepts constructive criticism	___	___	
Able to express feelings or needs	___	___	
<b><u>Skills Development</u></b>			
Listens Attentively	___	___	
Follows Directions	___	___	
Completes tasks	___	___	
Can focus on a single task	___	___	
Works independently	___	___	
Uses materials purposefully	___	___	
Works well in a group	___	___	
Is self-motivated	___	___	
<b><u>Physical Development</u></b>			
Small muscle control and coordination	___	___	
Large muscle control and coordination	___	___	
Speech development (articulation)	___	___	

The written responses on the back of this page are considered very important.

Does the child have a high or low energy level (fast or slow moving)?  
High energy/\_\_\_\_\_ / Low energy

Comments:

In what area of the classroom does the child spend **most** of the time?  
In what areas of the classroom does the child spend **least** of the time?

Please comment, if appropriate, on areas most needing support or adult intervention.

Please comment on the parent's support of the child's learning and their cooperation with the school's total program and expectations.

Do you have any questions concerning this child's readiness for kindergarten at the School of the Madeleine?

We welcome any other information which you think would be helpful. Please include comments concerning any special needs of the child and/or family.

Date\_\_\_\_\_

School\_\_\_\_\_

Address\_\_\_\_\_

Telephone\_\_\_\_\_

Position\_\_\_\_\_

Your name (please print)\_\_\_\_\_

Signature\_\_\_\_\_

\_\_\_yes \_\_\_no

I think it would be helpful to discuss this child further.

**Please mail directly to:**

School of the Madeleine  
1225 Milvia St.  
Berkeley, CA 94709