



Student's Name: \_\_\_\_\_

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

### Kindergarten Parent Assessment Tool

Since you are applying for admission to **Saint Catherine of Siena School**, we request your help to get to know your child. We understand that young children are constantly changing and developing. Your candid evaluation of your child will be an invaluable assistance to our teachers. Be assured that your comments will be held in the strictest confidence. Thank you for your time.

	Always	Sometimes	Seldom
<b>Physical/Motor Development</b>			
Can write first/last name (upper case/lower case or both)			
Holds/Uses scissors correctly			
Holds a pencil or crayon correctly			
Can catch and throw a ball			
Can hop/run/skip			
Walks up and down stairs (alternating feet)			
Can play with blocks, boxes, cups and other construction toys without help			
Listens to stories being read without fidgeting			
Joins in outside play			
Enjoys playing alone			
Follows one-step directions			
What is his/her attention span? (approx. number of minutes)			
	Always	Sometimes	Seldom
<b>Social Skills</b>			
General behavior is predictable and age appropriate			
Uses words instead of being physical when angry			
Speaks clearly so an adult can understand him/her			
Gets upset easily			
Interacts with peers			
Plays cooperatively in a small group			
Follows simple directions			
Expresses feelings and needs			
Accepts responsibility for own actions			
Transitions easily			
Waits his/her turn and shares			
Talks in sentences			
Asks questions about things around him/her			
Enjoys having books read to him/her			
Accepts adult limits			
Interacts respectfully with teachers/adults			
Exhibits self control			
Any language barriers? (Please explain)			
	Always	Sometimes	Seldom
<b>Academic Skills</b>			
Recognizes upper case letters			
Recognizes lower case letters			
Writes his/her name			
Sings songs, finger plays and rhymes			
Recognizes shapes (square, circle, triangle, rectangle)			

	<b>Always</b>	<b>Sometimes</b>	<b>Seldom</b>
Can sort items by color, shape and size			
Understands concepts of words such as up, down, in, out			
Recognizes own name in print			
Can recite alphabet without singing it			
Can associate sound with corresponding letter			
Communicates effectively with age appropriate vocabulary and grammar			
Can recall a story or event			
Can count out loud to 20			
Understands simple comparisons (is this bigger or smaller)			
Can identify 8 colors			
Can identify numbers (1-10 ___) (1-20 ___) (1-30 ___)			
	<b>Always</b>	<b>Sometimes</b>	<b>Seldom</b>
<b>Skill Development</b>			
Listens attentively and follows directions and rules			
Demonstrates ability to focus on task and problem solving			
Completes tasks in allotted time			
Works well independently			
Works carefully and neatly			
Can count objects to (___5) (___10)			
Follows simple directions			
	<b>Always</b>	<b>Sometimes</b>	<b>Seldom</b>
<b>Physical Development</b>			
Is very Active/Very Quiet (please circle one)			
Takes care of personal belongings			
Can dress him/herself with minimal assistance			
Has trouble Hearing or Seeing (please circle one)			
Has digestive trouble (i.e. constipation) that we should be aware of			
Were there any significant problems during pregnancy? (please explain briefly)			
Has allergies (Please list below; provide medical documentation if necessary)			
Takes medications (Please list below)			
Has any other health considerations (Please list below)			
Are there any other things you would like to tell us about your child?			

**GENERAL COMMENTS**

How long have you know this child? \_\_\_\_\_

Does this child require additional adult attention and assistance? If so, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does the child respond to authority?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child exhibit separate anxiety? (Ex. cries at drop-off/clings to parents, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on your child's strengths and weaknesses.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any fears this child might have (the dark, dogs, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are faith formation and life-long values incorporated into your family life?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Again, thank you for taking the time to complete this assessment. Please feel free to add any additional information that you feel would be helpful to our teachers.

\_\_\_\_\_  
Name of person filling out form Relationship to child  
\_\_\_\_\_  
Signature Date