



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

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

### Pre-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 assistance.

	Always	Sometimes	Seldom
<b>Physical/Motor Development</b>			
Can complete a 10 to 12 piece puzzle			
Holds/Uses scissors correctly			
Holds a pencil or crayon correctly			
Runs, jumps and skips			
Can throw a ball			
Can catch a ball			
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			
Can turn pages of a book and look at pictures			
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			
Plays with other children			
Follows simple directions			
Expresses feelings and needs			
Waits his/her turn and shares			
Talks in sentences			
Asks questions about things around him/her			
Enjoys having books read to him/her			
Says "please" and "thank you"			
Can spend extended periods away from Mom and Dad			
Exhibits self control			
Interacts respectfully with teachers/adults			
Any language barriers? (Please explain)			
	Always	Sometimes	Seldom
<b>Academic Skills</b>			
Recognizes upper case letters			
Recognizes his/her name in print			
Tries to write his/her name			
Sings songs, finger plays and rhymes			

	<b>Always</b>	<b>Sometimes</b>	<b>Seldom</b>
Recognizes shapes (square, circle, triangle, rectangle)			
Can sort items by color, shape and size			
Understands concepts of words such as up, down, in, out			
Counts out loud from 1 to 10			
Recognizes numerals 1-5			
Recognizes five colors			
Can recall a story or event			
	<b>Always</b>	<b>Sometimes</b>	<b>Seldom</b>
<b>Personal Information</b>			
Knows his/her full name			
Knows how old he/she is			
Knows his/her birthday (month and day)			
Knows his/her address and telephone number			
Can feed him/herself			
Can wash and dry his or her own hands			
Is toilet trained during the day			
Uses the bathroom by him/herself			
Can redress after going to the bathroom			
Needs help with dressing or can dress with little assistance			
Is very active/very quiet (please circle)			
Has had frequent ear infections			
Has trouble hearing or seeing (please circle)			
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