

# Kindergarten Admission Information—Teacher's Rating Form

(To be completed by the preschool teacher)

Student's Name \_\_\_\_\_  
 Student's Age \_\_\_\_\_  
 Date \_\_\_\_\_  
 Teacher's Name \_\_\_\_\_

**Purpose:** As a preschool teacher, you may have pertinent data that can be helpful in determining program placement and planning for the student listed above. You can supply this data by responding to the items listed below.

**Directions:** Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to this student.

## Personal/Speech

Can this student tell others his/her

1. first and last name? . . . . .
2. age? . . . . .
3. street address (if applicable)? . . . . .
4. birth date? . . . . .
5. telephone number (if applicable)? . . . . .

No	Uncertain	Yes

## Beginning Academic Skills

Does this student

6. recognize (by naming) five colors? . . . . .
7. recognize (by naming) ten colors? . . . . .
8. count by rote to five? . . . . .
9. count by rote to ten? . . . . .
10. recognize numerals to five? . . . . .
11. recognize numerals to ten? . . . . .
12. comprehend numerals to five? . . . . .
13. recognize some lowercase letters? . . . . .
14. recognize some uppercase letters? . . . . .
15. comprehend pictures depicting action in books? . . . . .
16. comprehend stories read to him/her? . . . . .

No	Uncertain	Yes

## Visual- and Fine-Motor Skills

Does this student

17. recognize his/her name in print? . . . . .
18. copy a circle and a plus sign? . . . . .
19. write his/her first name? . . . . .
20. write his/her last name? . . . . .
21. draw pictures that are recognizable? . . . . .
22. try to stay within the lines when coloring a picture with crayons? . . . . .
23. use scissors to cut paper? . . . . .
24. successfully complete arts and crafts projects appropriate for age? . . . . .
25. assemble puzzles appropriate for age? . . . . .

No	Uncertain	Yes

## Dominance/Laterality

Does this student consistently

26. use the same hand as the preferred hand? . . . . .
27. discriminate between his/her right hand and left hand? . . . . .
28. follow the pattern of working left to right and top to bottom when appropriate? . . . . .

No	Uncertain	Yes

## Self-Help Skills

Does this student

29. dress himself/herself? . . . . .
30. button his/her clothing? . . . . .
31. totally care for toileting needs? . . . . .
32. tie his/her shoes? . . . . .
33. know which shoe goes on which foot? . . . . .
34. usually take care of personal items? . . . . .

No	Uncertain	Yes

## Social Skills

Does this student

35. greet others in an appropriate manner? . . . . .
36. usually share and take turns willingly? . . . . .
37. usually play well with at least one child? . . . . .
38. willingly and cooperatively participate in a small-group activity or game? . . . . .
39. show concern for using materials and equipment safely and appropriately? . . . . .

No	Uncertain	Yes

## Emotional/Self-Reliance

Does this student

40. willingly engage in a new activity? . . . . .
41. usually make an effort to solve problems before seeking help from others? . . . . .
42. usually continue an activity without constant attention and encouragement? . . . . .
43. usually continue a task until completed or until it is time to stop? . . . . .
44. usually accept limits set by an adult? . . . . .
45. usually reflect a happy disposition? . . . . .

No	Uncertain	Yes

## Speech

Does this student

46. express needs and requests verbally rather than by inappropriate means? . . . . .
47. have speech that is understandable? . . . . .
48. speak in sentences of four or more words? . . . . .

No	Uncertain	Yes

## Health/Physical

Does this student

- \*49. appear to have good physical health and stamina? . . . . .
- \*50. appear to be free of physical/mental conditions or problems that might cause a need for special services? . . . . .

No	Uncertain	Yes

\*Please explain any conditions or problems on the back of this form.