



TA Kindergarten Evaluation Form

Name of Child _____

Date of Birth: _____

To the Parent or Guardian: Please write your child's name in the space above. Read and sign this form before giving it to your child's principal. *I understand and agree that the information contained on this Evaluation Form is confidential and will be used only in the selection of candidates. It will not become part of the child's permanent file. I also agree that this completed form will be sent directly to Trezvant Academy, upon request of the parent or guardian, and I waive any right to see it.*

Parent/Guardian Signature

Date

To the Teacher/Counselor: Using your knowledge of this child in his/her current school environment, please complete the following evaluation. This information is confidential and it will not become part of the student's permanent record.



TREZVANT ACADEMY, INC

"SOAR LIKE AN EAGLE!"

Please mail or fax form directly to Trezvant Academy:

P.O. Box 842642 Houston, TX 77284

Phone: 281-271-7113

Fax: 832-688-9011

Personal & Social Development	Not Yet	In Process	Proficient	Comments
I can accept and obey adult authority.				
I have consideration for people and things around me.				
I play and share cooperatively with others.				
I can recognize body parts.				
I can handle bathroom hygiene.				
I exhibit a positive self-image and am decisive when making a decision.				
My attention span is lengthening in self-chosen activities. Approximate time:				
My attention span is lengthening in group settings. Approximate time:				
I can follow directions that involve a two- or three-step sequence.				
I can follow classroom rules and routines.				
Language Skills	Not Yet	In Process	Proficient	Comments
I can speak clearly.				
I communicate in complete sentences.				
I can say my first and last names.				
I know my age.				
I can answer questions following a story.				
I can recite the alphabet (rote memory).				
I can identify some lower case alphabet letters.				
I can identify some upper case alphabet letters.				
I can produce some letter sounds.				
I can write my first name.				
I can recognize at least eight colors.				
I know some position orientation words (top, bottom, etc.)				



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Motor Skills	Not Yet	In Process	Proficient	Comments
I can hold and use my crayon or pencil using pincher grasp				
I can hold and use my scissors correctly				
I can manipulate small pieces. (Ex.: string, beads, tracing, puzzles)				
I can walk forward and backwards				
I can run				
I can balance				
Math & Science Readiness	Not Yet	In Process	Proficient	Comments
I can count to ten				
I can recognize some numbers				
I can recognize some shapes				
I can identify size differences (big, little, etc)				
I can sequence things				
I can categorize objects				
I can make comparisons. (Ex.:Like/Different)				

How long have you known this child? _____ Is there
any information regarding the family that would be helpful for us to know?

Do you recommend this child attend kindergarten this upcoming school year? Please explain your answer.

Thank you for taking the time to complete this questionnaire to the best of your ability. We truly appreciate your assistance.

Teacher Name: _____ Date: _____

Name of School: _____ Phone: _____

School Address: _____

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Houston, TX 77284
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