

# Kindergarten Teacher Form (for Grade 1 Admission)

Student: \_\_\_\_\_

Age: \_\_\_\_\_

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

Teacher: \_\_\_\_\_

School: \_\_\_\_\_

**Dear kindergarten teacher:** You have information that would be helpful in determining appropriate program placement and planning for the student listed above. Please fax this completed form to Trinity Christian School at 403-254-9843. Thank you.

**Directions:** Read each item and check the column that best describes your child. If unsure, leave blank.

## Personal and Social Development

Yes	No	Does your child
		express needs in a courteous manner?
		work and play cooperatively with others?
		attempt to solve social problems appropriately?
		take responsibility for actions?
		independently complete tasks?
		seek assistance when necessary?
		respect personal property?
		demonstrate organizational skills?
		follow routines and safety rules?
		willingly engage in a new activity?
		transition well from one activity to another?
		usually accept limits set by an adult?
		usually reflect a happy disposition?

## Self-Help Skills

Yes	No	Does your child
		dress himself/herself?
		button his/her clothing?
		totally care for toileting needs?
		put shoes on correct feet?
		usually take care of personal items?

## Listening and Communication

Yes	No	Does your child
		listen and maintain focus in all settings?
		follow a sequence of directions to complete a task?
		make relevant comments during discussions?
		orally communicate needs, ideas and feelings?
		express ideas in complete sentences?
		have speech that is understandable?

## Health/Physical

Yes	No	Does your child
		*appear to have good health and stamina?
		*appear to be free of physical/mental problems that might cause a need for special services?
*Please explain any conditions or problems		

## Visual and Fine-Motor Skills

Yes	No	Does your child
		discriminate between left and right hands?
		consistently use preferred hand to print?
		print first and last name, without prompts, using upper and lower case letters?
		print from top to bottom and left to right?
		copy print from environment?
		use letters to represent sounds?
		write numerals in sequence to 10?
		draw a picture of a person with 10 recognizable body parts?
		stay within the lines when coloring a picture?
		use scissors appropriately to cut paper?

## Beginning Academic Skills

Yes	No	Does your child
		show interest in books?
		recognize own name and other sight words?
		identify rhyming words?
		recite the alphabet in order?
		* identify all uppercase letters by name?
		* identify all lowercase letters by name?
		* identify sounds of all letters?
* If not, please indicate which letters/sounds are not known		
		use phonics to sound out words?
		rote count to 20 fluently?
		count objects from 0 – 10?
		recognize numerals 0 – 10?
		identify and reproduces patterns?
		identify basic shapes (circle, square, triangle, rectangle, diamond, oval)?

## Special Accommodations

		<ul style="list-style-type: none"> <li>Please list anything special that you regularly do to make it easier for this student to achieve his/her best in school?</li> </ul>
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