



SEVEN ARROWS ELEMENTARY SCHOOL

15240 La Cruz Drive, Pacific Palisades, CA 90272 | 310.230.0257 | www.sevenarrows.org

PRESCHOOL EVALUATION FORM

KINDERGARTEN APPLICANTS

TEACHER/HEAD OF SCHOOL COMMENTS

Name of student _____

Evaluators' name _____ Position _____

School _____

Address _____ City _____ State _____ Zip _____

A full report from the applicant's present school is necessary if he or she is to be given consideration for admission. On behalf of this student, we thank you for your cooperation. Please complete this recommendation and send a copy directly to Seven Arrows Elementary School:

email: admissions@sevenarrows.org
fax: 310.230.8859

mail: 15240 La Cruz Drive
Pacific Palisades, CA 90272

What three words would you use to describe the student?

How long have you known the applicant? _____ In what capacity? _____

The items below ask for your sense of this student's emotional and social growth, intellectual development and relationships within the school community. Please evaluate the candidate in the following areas by placing a check in the appropriate column.

DEVELOPMENTAL READINESS

	STRONG	AGE-APPROPRIATE	EMERGING	NOT EMERGED	COMMENTS
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to express needs and/or feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows multi-step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shows empathy and caring for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity to form friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aware of how to take turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to care for self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functions independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows classroom rules and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approaches new experiences eagerly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adjusts to transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participates in group activity (i.e. circle time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attentive to instruction for reasonable time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DEVELOPMENTAL READINESS, cont.

	STRONG	AGE-APPROPRIATE	EMERGING	NOT EMERGED	COMMENTS
Cognitive ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses classroom materials purposefully and respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Motor Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates flexibility with changes in routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to delay gratification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relates recent experiences with some understanding of sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to cope with frustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognizes letters and numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forms letters and numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognizes similarities and differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sorts material and articulates classifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS:

Is there additional information that would be helpful to us in evaluating the developmental readiness of this applicant in both academic and social areas? Please be specific.

PARENT/SCHOOL RELATIONSHIP:

Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding this applicant's family, including their involvement in your school. Please comment to the best of your knowledge.

Signature _____ Date _____

If we have additional questions, may we call you? Yes No

If yes, phone number _____

Again, thank you for your time and the helpful information you have provided.