

Confidential Kindergarten Skills and Maturation Checklist

Students Name: _____

Teacher completing checklist: _____

Title/Position: _____ Length you know the child: _____

School: _____ School phone: _____

This form was created to allow an open exchange of information about the child whose name appears above. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one. We greatly appreciate your time and effort used to complete this form. Your insights and observations will be kept confidential. Thank you!

Social / Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Listens to directions				
Completes tasks willingly				
Works and plays cooperatively				
Observes rules				
Respects authority				
Can accept discipline reminders				
Demonstrates self-control				
Adjusts to transition				
Separates from parents				
Shares				

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Can wait his/her turn				
Social / Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Works independently				
Asks for help when needed				
Length of attention span				

Language Development	Mature	Age Appropriate	Needs Development	Immature
Speech is clear and understandable				
Asks questions to extend understanding				
Expresses thoughts in words				

Physical Development	Mature	Age Appropriate	Needs Development	Immature
Fine motor control (cutting, stringing beads, drawing, etc)				
Gross motor control (running, climbing, balancing, etc.)				

Hand preference:

Check one

- Left hand
- Right hand
- No preference. Uses both left and right hand.

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Family Foundation	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows rules and policies of school				
Has realistic expectations for their child				
Demonstrates an interest in learning				
Meets financial obligations in a timely manner				

Behaviors frequently displayed by child:

Check all that apply

- Aggressive behaviors towards children
- Little desire or willingness to clean-up
- Aggressive behaviors with toys, games, books, or other classroom objects
- Difficulty working on resolving conflict
- Difficulty accepting fault for behavior displayed
- Likes to take items from classroom
- Challenges/pushes boundaries
- Refuses to participate in some classroom tasks

Activities this child prefers/enjoys:

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Do you feel this child is ready for a full-day, academic kindergarten?

YES _____ NO _____

Is there additional information that can be better conveyed in a phone conversation?

YES _____ NO _____

If yes, What is the best time and number to reach you? _____

Additional comments/remarks you would like us to know about this child: _____

Thank you for your time and effort in completing this form.

Please mail, fax, or scan and email this form as soon as possible.

Mailing Address:

St. Veronica Catholic School

Attention: Admissions

434 Alida Way

SSF, CA 94080

Fax Number: 650-589-2826

Drop off at the school office or email to: jpayne@saintveronicassf.org