

St. Veronica Catholic School Confidential Kindergarten Skills and Maturation Checklist

Students Name: _	
Title/Position:	Length you have known 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!

Please check the appropriate boxes.

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		
Can wait his/her turn		
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 ha	and.		
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 b Aggressive behaviors tow Little desire or willingness Aggressive behaviors with Difficulty working on resolution of the company of the co	ards children to clean-up toys, games, b ving conflict or behavior disp lassroom	oooks, or oth		objects

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Activities this child prefers/enjoys:				
Do you feel this	child is ready for a full-day, academic kindergarten?			
YES	NO			
Is there addition	nal information that can be better conveyed in a phone conversation?			
YES	NO			
If yes, what is the	ne best time and number to reach you?			
Additional com	ments/remarks you would like us to know about this child:			
Thank you for y	our time and effort in completing this form.			
Please mail or	scan and email this form as soon as possible.			
Mailing Address	S:			
St. Veronica Ca				
Attention: Admi 434 Alida Way	ssions			
-	ncisco, CA 94080			

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