



ST. TIMOTHY SCHOOL

1515 Dolan Avenue
 San Mateo, CA 94401
 T: (650) 342-6567 F: (650) 342-5913

PRESCHOOL EVALUATION FORM

1. Authorization for Release of Information (to be completed by parent)

I authorize _____
(preschool director or teacher)
 to release the following information pertaining to the
 kindergarten readiness of my son/daughter _____ to the St. Timothy School
 administrative and/or teaching staff.

Parent Name: _____

Signature: _____ Date: _____

2. Preschool Evaluation (to be completed by preschool director or teacher)

We are currently evaluating students for kindergarten readiness and would like additional information regarding the student named below. Thank you for your assistance.

Student Name: _____ How long have you know this child? _____

Date of entry in your program: _____ Number of days/hours attending per week: _____

Please place a check mark in the box that indicates the appropriate rating for each of the following:

	Most of the time	Sometimes	Not Often
Works and plays cooperatively			
Interacts with peers			
Participates with others in group activities			
Shares			
Expresses own feelings			
Speaks clearly			
Asks questions; seeks help when needed			
Accepts responsibility for actions			
Resolves conflicts			
Shows self control			
Demonstrates self-help skills (clothes, bathroom, lunch, etc.)			
Adjust easily to new situations			
Transitions easily			
Stays on task for 15-20 minutes			
Follows directions			
Observes rules			
Listens attentively			
Works independently			

(Please continue on reverse.)

	Excellent	Good	Fair	Unsatisfactory
Attendance				
Overall readiness for kindergarten				

Comments: _____

Name: _____ Position: _____

School: _____ Phone: _____

Signature: _____ Date: _____

Thank you for completing this evaluation. Please mail, fax, or email to:

St. Timothy School, 1515 Dolan Ave, San Mateo, CA 94401

Tel (650)342-6567 Fax (650) 342-5913

Principal: mbasile@sttimothyschool.org