



# CHRIST THE KING School

A COMMUNITY *uniting* school, family, and faith

## Student Evaluation Form - Rising Kindergarten (Page 1/2)

To Parent: Please complete this section and deliver this form to your child's teachers.  
Forms will be mailed directly to the CKS Admissions Office.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student is Called: \_\_\_\_\_ Sex:  M  F

Applicant's Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: Thank you for taking your valuable time to complete this evaluation. Your assessment is an important part of this student's application. All information will be held in confidence.

Please check all terms that are characteristic of this applicant and comment if needed.

**Social Development:**  Plays with others  Initiates activity  Exhibits independence  Responds positively  
 Plays alone  Stands up for rights  Follows rules to correction  
 Takes the lead  Shares  Follows others

**Maturity Level:**  Young  Average  Advanced

**Work Habits:**  Works independently  Focuses  Completes tasks  Drifts  
 Works in a group  Listens attentively  Is persistent  Transitions easily from  
 Follows directions  Organizes  Is distractible  one activity to another

**Emotional Development:**  Happy  Confident  Adaptable  Withdrawn  
 Controlled  Receptive  Hostile  Angry  
 Content  Even-tempered  Nervous  Aggressive

**Non-Verbal Development:**  Recognition of patterns  Attention to details  Visual sequencing  
 Interest in puzzles  Spatial awareness  Draws self portrait  
 Interest in building  Can classify  Left-right orientation /awareness

How much of your personal time and attention did this student require in order to succeed?

Significantly more  More  Average  Less  Significantly less

Excessive Absences?  Yes  No Excessive Tardies?  Yes  No

If yes, please comment:

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Has this student ever been recommended for or identified as needing:

Psycho-educational Testing  IEP/504 Plan  Speech Therapy  Gifted Program  Grade Retention

If yes, please comment:

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Christ the King School

46 Peachtree Way NE • Atlanta, GA, 30305 • (404) 233-0383 • [admissions@christking.org](mailto:admissions@christking.org)



# CHRIST THE KING School

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## Student Evaluation Form - Rising Kindergarten (Page 2/2)

Please check your assessment of the applicant in each category and comment on any areas of concern.

### Social/Emotional Development

	Outstanding	Above Average	Average	Below Average
Interaction with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye contact when speaking to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Language and Communication Skills

	Outstanding	Above Average	Average	Below Average
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulates words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequences events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Physical Development

	Outstanding	Above Average	Average	Below Average
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(balance, movement through space)</i>				
Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(hand-eye coordination, zips, buttons, stacks, cuts, hand dominance, pencil grip)</i>				

### Attitude Toward School

	Outstanding	Above Average	Average	Below Average
Eager and curious about learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Please check those parental support terms that are typical:

- Cooperative  Follow through with suggestions  
 Appropriately interested in education  Have realistic picture of child's ability

Please comment on degree and type of parental involvement:

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In what capacity and how long have you known this child?

Title:

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If need arises, may we contact you to discuss the applicant further?

Phone:

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Name of person completing this form (please print):

Signature of person completing this form:

Date:

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