



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Emotional Development: Happy Confident Adaptable Withdrawn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

Compared to his/her peers, 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: _____

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

Educational Psychological Testing IEP/504 Plan Speech Therapy Gifted Program Grade Retention

If yes, please comment: _____

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



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

Social/Emotional Development

	Developmentally Mature	Dev. On-Target	Dev. Immature	Not Yet
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

	Developmentally Mature	Dev. On-Target	Dev. Immature	Not Yet
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

	Developmentally Mature	Dev. On-Target	Dev. Immature	Not Yet
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

	Developmentally Mature	Dev. On-Target	Dev. Immature	Not Yet
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:

Please check those parental support terms that are typical:

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

Please comment on degree and type of parental involvement:

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

Title:

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

Phone:

Name of person completing this form (please print):

Signature of person completing this form:

Date:

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