Ecole Jean-Jacques Rousseau

PRESCHOOL EVALUATION FORM
Kindergarten admission [CONFIDENTIAL]

To be filled out by the child’s (_____________________________) pre-school instructor or director, and mailed DIRECTLY in a SEALED ENVELOPE from the school to Ecole Jean-Jacques Rousseau at the address below.

Ecole Jean-Jacques Rousseau
11607 North Lamar Blvd
Austin TX 78753
512-339-6000
admin@austinfrenchforkids.org

We would appreciate your honest input by providing us with the following information. If, by your observations, you feel a child has some special needs, unusual traits or characteristics, we would like to know this early enough to provide appropriate placement and assistance as soon as possible. Please do not hesitate to give us whatever information you feel is important for us to know regarding the child and his/her family.

Thank you for your time in completing this form. Please return it Ecole Jean-Jacques Rousseau in an enclosed envelope as soon as possible. If you need any further clarification or additional information, please do not hesitate to contact us at (512) 339-6000 or via email at admin@austinfrenchforkids.org.

<table>
<thead>
<tr>
<th>Social Skills</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
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<tbody>
<tr>
<td>Cooperates</td>
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<td>Relates to peers</td>
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<td>Relates to adults</td>
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<td>Tolerates frustration</td>
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<td>Adapts to changes</td>
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<td>Easily separates from parents</td>
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<td>Shares materials and possessions</td>
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<td>Functions independently</td>
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</table>

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Cognitive Development | Age appropriate | In Development | Immature
--- | --- | --- | ---
Expresses ideas orally
Grasps concepts
Recalls details
Demonstrates interest in learning
Follow directions

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Physical Development | Age appropriate | In Development | Immature
--- | --- | --- | ---
Motor control and coordination
Willingness to engage in physical activities and play

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Family Information | Usually | Sometimes | Rarely
--- | --- | --- | ---
Cooperates with teachers and administration
Follows the rules and policies of the school
Meets financial obligations in timely manner

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you feel this child is ready for a full-time Kindergarten program? YES___ NO _______
Check here ________ if you would like us to call you to discuss this student in greater detail.

How long have you known this child? ____________________________________________________

Name: ___________________________________________ Title or Position __________________________

Phone: _________________________________

Signature: ___________________________ Today’s Date: __________________________