

# KINDERGARTEN REFERENCE FORM      FORM C

## Preschool/Daycare Teacher Evaluation Form

Your input on this form will give the Deer Lake School Admissions Committee valuable insight into the growth and development of this child. Deer Lake School desires to make the best determination of a student's developmental readiness for school. This reference is one tool we use in the process. Please return the form directly to our school office via email ([admissions@deerlakeschool.ca](mailto:admissions@deerlakeschool.ca)) or mail. We thank you for your time and comments.

### STUDENT INFORMATION *(to be completed by the parent)*

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

*Permission is given to release the information below.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

### STUDENT REFERENCE *(to be completed by the preschool/daycare teacher)*

#### Independent Activities

*Check those activities this child can perform independently*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Button                | <input type="checkbox"/> Uses scissors          | <input type="checkbox"/> Holds pencil with proper grip |
| <input type="checkbox"/> Dress himself/herself | <input type="checkbox"/> Pick up toys           | <input type="checkbox"/> Jump with feet together       |
| <input type="checkbox"/> Hop on one foot       | <input type="checkbox"/> Uses the bathroom      | <input type="checkbox"/> Wash hands and face           |
| <input type="checkbox"/> Catch a large ball    | <input type="checkbox"/> Zip jacket or backpack | <input type="checkbox"/> Puts on shoes/boots           |

#### Disposition/Temperament

*Describe the ways in which this child demonstrates creativity:*

*Write four adjectives or characteristics, which you believe describe this child:*

This child is *(choose 2)*:

- Fun-loving  
 Laid back  
 Organized  
 Likes to be in charge

This child needs *(choose 1)*:

- A moderate amount of structure  
 Lots of structure

*Please rate the following statements as they apply to this child by marking the box under the desired selection. The child is not expected to have all the terms mastered before entering Kindergarten.*

	Always	Mostly	Occasionally	Never
1. Makes and enjoys sharing with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Submits to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shows positive behaviour changes after correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adjusts to new situations and experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty with his/her temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cries easily or uncontrollably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Enjoys playing with younger children versus children the same age or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Separates from parent without anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Follows adult direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has urinary and bowel control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Knows the procedures for sanitary bathroom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Uses good table manners (i.e. uses utensils, chews with mouth closed, wipes mouth when needed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Uses tissue to blow his/her nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Finishes assigned tasks/responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Can stay on an assigned task for 10-15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Finds constructive things to do independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Listens without interrupting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Listens to a complete story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Follows oral directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Displays appropriate manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Displays positive attitude towards teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Talks with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Uses "baby talk"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Expresses himself/herself in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Remembers a song or TV commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Relates events of the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Expresses interest in coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us anything else you wish us to know about this child:

Teacher Name: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

School/Daycare Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_