

PreK-2 –Kindergarten Student Evaluation Form

Admissions Office, P.O. Box 1668, White Plains, MD 20695

Email: admissions@smcaemail.com Telephone: 301-870-2550 Fax: 301-934-2855



To be completed by the parent/guardian

Student's Name: _____ Date of Birth: _____
Last First Middle Suffix(Jr., III, Etc.) mm / dd / yyyy

I hereby authorize _____ to release this information to
School/Daycare
 Southern Maryland Christian Academy and understand that the information disclosed is confidential and will not be made available for parent review.

Parent/guardian signature _____ mm/dd/yyyy

Parent/guardian printed name _____ relationship to student _____

Teacher or Principal: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please note we place particular value on your observation of classroom behavior and your descriptive comments in each area. **This evaluation will be kept in strict confidence and will be reviewed only by the admissions committee.** Your insights will be used solely to help inform a thoughtful admissions decision which will result in the best placement for each child.

How long have you known this child: _____ Date of child's enrollment in your school: _____

SOCIAL/EMOTIONAL DEVELOPMENT (Please check best description)

	Area of strength	Age appropriate	Progressing toward age appropriate	Possible area of concern	Comments
Listens					
Cooperates					
Relates to peers					
Relates to adult					
Exhibits self-confidence					
Adjust to transitions					
Tolerates frustrations					
Separates from parents					
Shares material and possessions					
Asks for help when needed					

COGNITIVE DEVELOPMENT

	Area of strength	Age appropriate	Progressing toward age appropriate	Possible area of concern	Comments
Works cooperatively					
Articulates appropriately for age					
Follows directions					
Shows interest in classroom activities					
Communicates ideas clearly					

PARENT AND FAMILY INFORMATION

Has/have the parent/s of this child been:

	Consistently	Usually	Sometimes	Rarely	Comments
Supportive of the child's experience					
Supportive of your schools programs/routines					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?					

Please comment on this child's ability to meet the expectations of your program. Have you adjusted your program to accommodate the needs or abilities of this child?

This form completed by:

Printed name: _____ Signature: _____
 Title of position: _____

Please mail, email, or fax to:

Southern Maryland Christian Academy
Attn: Admissions
PO Box 1668
White Plains, MD 20695
Fax: 301-934-2855
Email: sarahbradley@smcaemail.com