



# Village Christian Academy

908 S. McPherson Church Road  
Fayetteville, NC 28303  
Phone: 910.483.5500  
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## KINDERGARTEN EVALUATION

Name of Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

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

### To the Teacher:

The parents of the student named below have requested that Village Christian Academy consider their son/daughter for admission. The School Admissions Office would appreciate your prompt response to the information requested. Your assistance is essential in evaluating the applicant in relation to our academic program. Please complete the appropriate section and then mail or fax this form within one week to the address or number listed above. Thank you for your assistance in helping us become better acquainted with this student.

Name of applicant: \_\_\_\_\_

### STUDENT EVALUATION FOR KINDERGARTEN

ACADEMIC	NOT YET	SOME OF THE TIME	MOST OF THE TIME
Recognizes all upper case alphabet			
Recognizes all lower case alphabet			
Identifies all letter sounds			
Recognizes numbers 0-10			
Counts objects 0-10			
Writes first name using correct upper and lower case letter placement			
Uses appropriate fine motor skills (tracing, cutting, pencil grip)			
<b>BEHAVIOR</b>			
Keeps hands and feet to self			
Pays attention appropriately			
Respects adults			
Raises hand before speaking			
Works independently			
Uses good listening skills			
<b>SOCIAL</b>			
Plays well with peers			
Responsible for belongings			
Refrains from excessive crying			
Refrains from wetting pants			
Separates easily from parents			

If you would like, you may provide additional information about this student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_