



Preschool Teacher Assessment for Incoming Kindergarteners

Student Name: _____ Age: _____

Current Placement (school & schedule): _____

Parental Release: I authorize/release this confidential teacher recommendation to be disclosed to ATC Academy personnel only. I understand that this recommendation will be used for admission/class placement and will not become part of my child's permanent file.

Parent Signature: _____ Date: _____

5 – Excellent/Always 4 – Good/Usually 3 – Average/Some 2 – Fair/Seldom 1 – Below average/Never

Attendance	5	4	3	2	1
Academic Readiness	5	4	3	2	1
Fine Motor Readiness, Mechanics of Writing	5	4	3	2	1
Social Skills, Peer Engagement, Cooperation in Play	5	4	3	2	1
Ability to Complete Tasks	5	4	3	2	1
Desire to Learn, Curiosity, Imagination, Willing to Try New Things	5	4	3	2	1
Ability to Work Independently, Can Play Alone Happily	5	4	3	2	1
Behavior – On Task, Self-Control, Body Awareness	5	4	3	2	1
Behavior – Responds Positively to Correction	5	4	3	2	1
Maturity	5	4	3	2	1
Emotional Stability (anxiety, crying, separation)	5	4	3	2	1
Ability to Follow Directions	5	4	3	2	1
Attention Span, Listens in Group, Focus on Tasks	5	4	3	2	1

Has this student shown signs of needing support in any of the following areas?

Circle and comment if applicable.

Learning difficulties	Attention difficulties	Language processing	Sensory sensitivities
Emotional difficulties	Behavioral difficulties	Speech (articulation)	Other: _____

Circle a few words that describe this student:

Talkative	Anxious	Passive	Kind Hearted	Curious
Follower	Energetic	Independent	Reluctant	Quiet
Confident	Assertive	Social	Responsible	Distractible
Unmotivated	Motivated	Good Listener	Sensitive	Outgoing
Creative	Positive Influence	Helpful	Easily Discouraged	Conscientious
Other: _____				

Please comment on this child's strengths and interests:

Please comment on this child's areas of concern, growth, or special needs:

Kindergarten Readiness Recommendation:

_____ Highly Recommend	_____ Recommend
_____ Recommend with Reservation	_____ Recommend for Preschool

Teacher Name: _____ School: _____

Teacher Signature: _____ Date: _____

Please mail directly to the school: ATC Academy, 6841 Freeman Road, Westerville, OH 43082

Or **fax:** 614-890-3825

Or **e-mail:** atcoffice@atcademy.org