

PreSchool Student Appraisal

For Kindergarten Applicants

Dear Parent or Guardian:

Please read and sign the statement below before giving this appraisal to your child's most recent school. That school must return the appraisal to CHC before we can schedule your child's readiness survey.

I understand and agree that the information on this form will only be used in the selection of students to Cherry Hills Christian Schools. I also understand the completed form will not be made available to me or to anyone outside of CHC. I do hereby waive the right to see the completed appraisal.

Parent or Legal Guardian Signature

Dear Preschool Teacher,

Date Completed: _____

_____ has applied for kindergarten at Cherry Hills Christian Elementary School for the 2012-13 school year. Please help us better serve this student by candidly completing the following checklist to the best of your ability regarding his/her readiness for kindergarten. Thank you very much for your help.

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Holds writing utensil and scissors properly |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Puts a 10-12 piece puzzle together |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Runs, jumps and skips |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Follows simple, three-step directions |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Speaks clearly in sentences so adult can understand |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Sits still and pays attention for a short period (10-15 mins.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Works independently for short periods of time |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Expresses feelings and needs appropriately |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Plays, shares and can take turns with other children |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Uses the bathroom by him/herself |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Recognizes basic shapes & colors |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Can sort items by one attribute (color, shape, or size) |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Understands concept words such as up, down, in, out, behind, over |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Counts from 1 to 10 |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Recognizes and tries to write his/her name |
| <input type="checkbox"/> Yes <input type="checkbox"/> Not Yet | Orally identifies letters in his/her name |

At this time,

- I would recommend this child for Kindergarten I would (w/reservations) recommend this child for Kindergarten
- For Cherry Hills Christian PreSchool teachers ONLY: Are there any students from your classroom with whom this child should NOT be placed? _____

- I would not recommend this child for kindergarten Please explain (use reverse side or separate sheet if needed):

School Name

Teacher's Name (Printed)

Daytime Phone

PLEASE RETURN THIS COMPLETED FORM BY FAX to expedite this student's enrollment. In addition, please **MAIL** this form as soon as possible to the address shown. Thank you very much for your help.

ENROLLMENT FAX 303.325.8132

MAIL Attn: Enrollment Department



3900 Grace Boulevard
Highlands Ranch, Colorado 80126-7801

PHONE 303.791.5500

ENROLLMENT FAX 303.325.8132

WEB www.CherryHillsChristian.org

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