



Dear Kindergarten Parent

At Apopka Christian Academy every effort is made to admit students who can be successful in our program. As a parent you have spent more time with your child than any other person. Your input on this form will be very helpful as we make every effort to make the best decision for the admission and placement of your child. We are grateful for your time and comments.

Child's Name _____

Birth Date _____

Parent's Name _____

Daytime Phone _____

Please rate the following statements as they apply to your child by circling the appropriate number

4=most of the time, 1=rarely mostly rarely

1. Stays on task of his/her own choosing..... 4 3 2 1
2. Makes and keeps friends easily..... 4 3 2 1
3. Talks with other children..... 4 3 2 1
4. Displays good manners..... 4 3 2 1
5. Finds constructive things to do on his/her own..... 4 3 2 1
6. Stays on a task without urging for 10-15 minutes..... 4 3 2 1
7. Responds well to correction..... 4 3 2 1
8. Adjusts to new situations/experiences without undue fear..... 4 3 2 1
9. Uses "baby talk"..... 4 3 2 1
10. Expresses himself/herself in complete sentences..... 4 3 2 1
11. Sucks his/her thumb..... 4 3 2 1
12. Listens without interrupting..... 4 3 2 1
13. Has trouble controlling his/her temper..... 4 3 2 1
14. Uses crayons beyond scribbling..... 4 3 2 1
15. Chooses to look at books..... 4 3 2 1
16. Remembers a song or TV commercial..... 4 3 2 1
17. Relates events of the day..... 4 3 2 1
18. Expresses interest in coming to school..... 4 3 2 1
19. Cries easily or uncontrollably..... 4 3 2 1
20. Listens to a complete story..... 4 3 2 1
21. Prefers playing with older children..... 4 3 2 1
22. Prefers playing with younger children..... 4 3 2 1
23. Prefers playing alone..... 4 3 2 1
24. Has good urinary control..... 4 3 2 1
25. Separates from parent well..... 4 3 2 1

Circle the activities your child can perform independently

BUTTON

USE SCISSORS

USE THE BATHROOM

PICK UP TOYS

ZIP JACKET

JUMP WITH FEET TOGETHER

WASH HANDS AND FACE

DRESS THEMSELVES

CATCH A LARGE BALL

RIDE BIKE WITH TRAINING WHEELS

HOP ON ONE FOOT

RIDE BIKE WITHOUT TRAINING WHEELS

FAMILY STATUS – KINDERGARTEN

Who does your child live with? _____

Did either biological parent have trouble learning to read? _____

Did your child experience any problems at birth? _____

If yes, please explain _____

Has your child experienced any of these events in the past year?

_____ Death of a close person _____ New brother or sister _____ Separation or divorce _____ A move

Write four adjectives or characteristics that you believe describe your child _____

My child is (check no more than 2) _____ fun loving _____ laid-back _____ organized _____ likes to be in charge

My child needs (check 1) _____ a moderate amount (or) _____ lots of structure

Please tell us anything else you wish us to know about your child _____

PARENT RECOMMENDATIONS

To what degree do you feel your child is ready to successfully start kindergarten?

MOTHER'S OPINION:

Very Ready Ready Not Ready Not Certain

What evidence did you use to determine your child's readiness? _____

FATHER'S OPINION:

Very Ready Ready Not Ready Not Certain

What evidence did you use to determine your child's readiness? _____

Moms Signature _____

Dad Signature _____

Has your child attended a pre-school program? _____

School Name _____

Teacher _____ Dates Attended _____

Address/City/State/Zip _____



Pre School Teacher Reference Form:

Permission is given to release the information below

Child's Name _____ Birth date _____

Parent Signature _____

Dear Preschool Teacher:

Your careful attention to completing the questions below will aid Apopka Christian Academy in making wise decisions concerning admissions and placement. We are grateful for your time and comments.

Please rate the following statements as they apply to your child by circling the appropriate number:

4=most of the time, 1=rarely mostly rarely

1. Stays on task of his/her own choosing..... 4 3 2 1
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22. Prefers playing with younger children..... 4 3 2 1
23. Prefers playing alone..... 4 3 2 1
24. Has good urinary control..... 4 3 2 1
25. Separates from parent well..... 4 3 2 1

Circle the activities your child can perform independently

- | | | | | |
|--------------------------------|---------------------|-----------------------------------|--------------------|------------|
| BUTTON | USE SCISSORS | USE THE BATHROOM | PICK UP TOYS | ZIP JACKET |
| JUMP WITH FEET TOGETHER | WASH HANDS AND FACE | DRESS THEMSELVES | CATCH A LARGE BALL | |
| RIDE BIKE WITH TRAINING WHEELS | HOP ON ONE FOOT | RIDE BIKE WITHOUT TRAINING WHEELS | | |

Write four adjectives or characteristics that you believe describe this child _____

My child is (check no more than 2) _____ fun loving _____ laid-back _____ organized _____ likes to be in charge

My child needs (check 1) _____ a moderate amount (or) _____ lots of structure

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

Recommendations _____

School Name _____

School Phone _____

Address/City/State/Zip _____

Dates the child attended this school _____

Teacher Name (please print) _____

Can this information be discussed with the parents? _____ YES _____ NO

Teacher's signature _____ Date _____

If you have any questions, please call 407-889-7288.

Thank you for your time. Please mail or fax completed form to:

Apopka Christian Academy, 509 South Park Ave. Apopka, FL 32703 • Fax 407-889-900