

HINGHAM PUBLIC SCHOOLS
Hingham, Massachusetts

PRE-KINDERGARTEN ASSESSMENT FORM

TO BE COMPLETED BY PARENT/GUARDIAN

Name: _____ Date of Birth: _____

Name child is to be called in school: _____

Address: _____

Assigned Public School: _____

I authorize my child's preschool/day care provider to forward this assessment to the Hingham Public Schools.

Parent/Guardian Signature

TO BE COMPLETED BY PRESCHOOL/DAY CARE PROVIDER AND RETURNED.

Please check the appropriate box and add any comments which would help in facilitating the student's entry, adjustment to, and progress in kindergarten.

	Age Appropriate	May Need Attention	Comments
Attention span in large group Size of group			
Attention span of small group Size of group			
Participates appropriately in groups			
Follows directions			
Understands/follows classroom rules			
Activity level			
Self-help skills			
Uses material/equipment appropriately			
Demonstrates understanding of concepts introduced			
Demonstrates appropriate fine motor skills			
Demonstrates appropriate gross motor skills			
Speech is intelligible			
Verbally expresses ideas in sentence form			
Interacts with peers			
Initiates activities with peer group			
Interacts with adults appropriately			
Waits for his/her turn			
Has positive attitude/self-image			
General maturity			

(continued)

Assessment Form (continued)

Unusual talents, skills, interests, or special needs:

Additional comments:

Form completed by: _____

Preschool/day care provider: _____

Days/week: _____

Full/half days: _____

Please return to the school secretary at your designated school when completed.

Thank you for your cooperation.