



Name of Student _____ Date of Birth _____

Name of School _____ Telephone# _____

Individual Completing Form _____ How Long Have You Known Student _____

TO THE TEACHER OR DIRECTOR: We very much appreciate your cooperation in completing this form. The information you provide is kept completely confidential and used in full awareness of the fact that young children are constantly changing and developing. Your comments are valued, thank you.

| 1 = OUTSTANDING | 2 = AGE APPROPRIATE | 3 = NEEDS IMPROVEMENT | |
|--|----------------------------|------------------------------|----------|
| SOCIAL DEVELOPMENT | | | |
| | 1 | 2 | 3 |
| Can be a friend | | | |
| Is supportive of peers | | | |
| Is comfortable with adults | | | |
| Plays alone happily | | | |
| Cooperates in play | | | |
| Shares with others | | | |
| Initiates activities | | | |
| Is imaginative | | | |
| Has capacity to lead | | | |
| Has capacity to follow | | | |
| Uses materials purposefully | | | |
| Exhibits a sense of humor | | | |
| Please comment | | | |
| | | | |
| PHYSICAL DEVELOPMENT | | | |
| | 1 | 2 | 3 |
| Small muscle control and coordination | | | |
| Large muscle control and coordination | | | |
| Speech development and articulation | | | |
| Please Comment | | | |
| | | | |
| READING/MATH SKILL LEVELS AND READINESS FOR FIRST GRADE | | | |
| Please Comment | | | |
| | | | |

| SKILL DEVELOPMENT | 1 | 2 | 3 |
|--|----------|----------|----------|
| Is attentive | | | |
| Contributes meaningfully to group discussions | | | |
| Follow directions | | | |
| Works cooperatively | | | |
| Completes tasks in a timely manner | | | |
| Demonstrates ability to focus | | | |
| Responds positively to feedback | | | |
| Is curious | | | |
| Is a self-starter | | | |
| Enjoys new challenges | | | |
| Exhibits problem-solving skills | | | |
| Expresses ideas coherently | | | |
| Please comment | | | |
| | | | |
| PLEASE IDENTIFY SPECIAL CONCERNS (auditory, visual, learning, behavioral, etc.) | | | |
| Please Comment | | | |
| | | | |
| PARENT COOPERATION AND INVOLVEMENT WITH THE SCHOOL | | | |
| Please Comment | | | |
| | | | |
| Please sign, date, and return this form to Hampstead Academy by _____. | | | |
| Please add any further information you feel is relevant, or if you would prefer to discuss by phone, call (603) 329-4406. Thank you, Lyn Kutzelman, Director | | | |
| _____ | | _____ | |
| Signature | | Date | |