

Marin Waldorf School

755 Idylberry Road
San Rafael, CA 94901
415 479-8190

TEACHER RECOMMENDATION FOR STUDENTS ENTERING KINDERGARTEN

Student Evaluation Form for Kindergarten

TO BE FILLED OUT BY PARENT/GUARDIAN:

Name of Applicant: _____

Present Date _____ Date of Birth _____

I hereby give permission for you to release the information on this form concerning my child, _____, to Marin Waldorf School:

I, the parent/guardian, understand that I will not have access to this confidential information.

Parent's/Guardian's Signature

TO CHILD'S PRESENT SCHOOL: The above-named child has applied for admission into Marin Waldorf School. To assist us in deciding if our program suits this child's educational needs, we ask you to complete and return this descriptive form to Marin Waldorf School. We sincerely appreciate your cooperation in helping to evaluate this applicant.

How long have you known this child? _____ Date of entry into your program _____

Length of school day: _____ Number of days per week: _____ Is English applicant's primary language? _____

PLEASE EVALUATE EACH AREA USING: 4 = *Strength* 3 = *Satisfactory* 2 = *More time needed* 1 = *Area of concern*

SELF HELP SKILLS:

(clothes, bathroom, lunch) _____

COMMUNICATIONS:

Social interactions w/children _____

Social interactions w/adults _____

Uses words to express feelings _____

Shows self-confidence _____

Plays imaginatively _____

Demonstrates self-control _____

Shares & works cooperatively _____

LISTENING SKILL:

Length of attention span _____

Listens to directions _____

Follows directions & completes tasks _____

GROSS MOTOR SKILLS:

Balance, eye/hand/foot coordination _____

Body and space awareness _____

FINE MOTOR SKILLS:

Uses proper grasp _____

Small motor tasks (lacing, tying) _____

LANGUAGE DEVELOPMENT:

Speech is clear and understandable _____

Asks appropriate questions to extend understanding _____

Expresses thoughts in words _____

Uses language to solve problems _____

