



ST. TIMOTHY SCHOOL

1515 Dolan Avenue
San Mateo, CA 94401
T: (650) 342-6567 F: (650) 342-5913

PRESCHOOL EVALUATION FORM

1. Authorization for Release of Information (to be completed by parent)

I authorize _____
(preschool director or teacher) to release the following information pertaining to the kindergarten readiness of my son/daughter _____ to the St. Timothy School administrative and/or teaching staff.

Parent Signature: _____ Date: _____

2. Preschool Evaluation (to be completed by preschool director or teacher)

We are currently evaluating students for kindergarten readiness and would like additional information regarding the student named below. Thank you for your assistance.

Student Name: _____

	Most of the time	Sometimes	Not often	
Can this student stay on task for 15-20 minutes?	_____	_____	_____	
Does this student get along with peers?	_____	_____	_____	
Does this student cope with rules and routines? (cleaning up, stopping play, transitioning to new activity)	_____	_____	_____	
	Excellent	Good	Fair	Unsatisfactory
Attendance	_____	_____	_____	_____
Overall readiness for kindergarten	_____	_____	_____	_____

Comments: _____

Name of Preschool Director or Teacher: _____

Signature of Preschool Director or Teacher: _____ Date: _____

**Thank you for completing this evaluation. Please mail or fax to:
St. Timothy School, 1515 Dolan Ave, San Mateo, CA 94401
Fax (650) 342-5913**