	SURNAME				FIRST NAME			
DATE OF BIRTH:	DAY	MONTH	YEAR					
		o.						
NAME OF PRESCHO	OL:							_
ADDRESS:								
ELEPHONE:								
Diagraphick the graph	ropriedo oo	luman using this ratio						
		olumn using this ratin od 3 – Good		5 – Can	not ye	t cope	•	
GENERAL READINESS:				1	2	3	4	5
Listens and follows sir		ctions						
Is able to complete o	a short activ	vity						
Eats his/her own lunc	h without c	assistance						
Waits his/her turn								
Interacts in a co-ope	rative man	ner with peers and a	dults					
Is able to follow a da		·						
Obeys teacher's instr	ructions							
Uses the bathroom in	dependen	tly						
Can dress/undress in	dependent	tly						
ACADEMIC READINES	SS:			1	2	3	4	5
Recognition of letters	of the alpl	habet						
Knowledge of phonic	cs (letter so	unds)						
Can write his/her nar	ne							
Can write the letters	of the alph	abet						
Can count from 1-20								
Recognition of numb	ers 1 -10							
Recognition of value	s from 1 - 10	0						
OTHER:							Υ	N
Does the child exhibi	t speech oi	r language challenge	şş					
Does the child exhibi	t physical c	coordination challeng	jes? (Fine & Gross	motor ski	lls)			
		emotions? (Happy, Se	ad Frustrated)					

Does the child exhibit physical coordination challenges? (Fine & Gross motor skills)	
Does the child typically express emotions? (Happy, Sad, Frustrated)	
REMARKS ON SOCIAL BEHAVIOR AND LEVEL OF READINESS FOR FORMAL PRIMARY EDUCATION (include types of activities the child enjoys)	N:
<u> </u>	

PARENT INFORMATION:

Please tick the approp 1 – Always Involved	e tick the appropriate column using this rating: ways Involved 2 – Usually Involved 3 – Sometimes Involved			4 – Rarely Involved				
PARENT INVOLVEMENT:			1	2	3	4		
Co-operation with scho								
Participates in child's ed								
Supports child's learning	g at home (Home Work)							
Supportive of the school	ol							
Parents' expectations	_	□ Poglictic						
Unknown	Unrealistic	□ Realistic						
ANYTHING ELSE YOU WO	OULD LIKE TO SHARE ABOU	T THE CHILD THAT COULD ASSI	ST US II	N MAKII	NG THE	BESI		
DECISION REGARDING		THE SHIED HIAT GOOD AGO	01 00 11	A MIZAKI	10 1112	DEG.		
Please note, this form	n must be returned dire	ectly to MRGS via email to)					
husbands@mariareg	<u>ina.edu.tt</u> or hand deliv	vered to the school's offic	e.					
_								
Any form submitted b	y parents will not be a	ccepted.						
,	, ,							
			SCI	HOOL ST	AMP			
PRINCIPAL OF PRESCI	HOOI:							
KINCH AL OF TRE SCI	<u>1001.</u>							
Print Name:								
ignature:								
-								
NL								