

# Le Lycée Français de Los Angeles

## KINDERGARTEN 1 and KINDERGARTEN 2 EVALUATION FORM

[CONFIDENTIAL]

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Full Name of Child: \_\_\_\_\_

To be filled out by the child's pre-school instructor or director, and mailed DIRECTLY in a SEALED ENVELOPE from the school to Le Lycée Français at the address below.



Admissions Department  
LE LYCEE FRANÇAIS DE LOS ANGELES  
3261 Overland Avenue  
Los Angeles, CA 90034-3589  
Mme Darmon - 310-836-3464 Ext. 315 [admissions@lyceela.org](mailto:admissions@lyceela.org)

We would appreciate your honest input by providing us with the following information. If, by your observations, you feel a child has some special needs, unusual traits, or characteristics, we would like to know this early enough to provide appropriate placement and assistance as soon as possible. Please do not hesitate to give us whatever information you feel is important for us to know regarding the child and his/her family.

Thank you for your time in completing this form. Please return it to Le Lycée de Los Angeles in the enclosed envelope as soon as possible. If you need any further clarification or additional information, please do not hesitate to contact our Admissions Department at (310) 836-3464 ext 315 or 744.

SOCIAL SKILLS	Often	Sometimes	Rarely	Notes
Cooperates				
Relates to peers				
Relates to adults				
Tolerates frustration				
Knows how to control himself/herself without constant guidance				
Adapts to changes				
Easily separates from parents				
Shares materials and possessions				
Functions independently				
Asks for help when needed				

Additional Comments: \_\_\_\_\_

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COGNITIVE DEVELOPMENT	<i>Age Appropriate</i>	<i>Needs Development</i>	<i>Immature</i>
Expresses ideas orally			
Grasps concepts			
Recalls details			
Demonstrates interest in learning			
Follows directions			

Comments: \_\_\_\_\_

\_\_\_\_\_

PHYSICAL DEVELOPMENT	<i>Age Appropriate</i>	<i>Needs Development</i>	<i>Immature</i>
Motor control and coordination			
Willingness to engage in physical activities and play			

Comments: \_\_\_\_\_

\_\_\_\_\_

FAMILY INFORMATION	Usually	Sometimes	Rarely
Cooperates with teachers and administration			
Follows the rules and policies of the school			
Meets financial obligations in timely manner			

Comments: \_\_\_\_\_

\_\_\_\_\_

Do you feel this child is ready for a full-time Kindergarten program? YES \_\_\_ NO \_\_\_

Check here \_\_\_\_\_ if you would like us to call you to discuss this student in greater detail.

How long have you known this child? \_\_\_\_\_

Print Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_