

Le Lycée Français de Los Angeles

KINDERGARTEN 2 EVALUATION FORM

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Full Name of Child: _____

If your child ***has not been enrolled*** in a school before, please fill out this form, and attach it to the application form to Le Lycée Français de Los Angeles. We would appreciate your honest input by providing us with the following information. If, by your observations, you feel your 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 your child and your family. Please note that our program is structured and traditional.

Thank you for your time in completing this form. If you need any further clarification or additional information, please do not hesitate to contact our Admissions Department at (310) 836-3464 ext 315.

IS YOUR CHILD ABLE:	Often	Sometimes	Rarely
To spell and write his/her first and last names?			
To tie his/her shoes? Work buttons and zippers? Eat with utensils, bounce a ball and manage bathroom breaks?			
To correctly hold (and use) a pencil, crayons and scissors?			
To know the alphabet in order and be able to recognize letters randomly?			
To know how to count from 1-10?			
To recognize and name primary colors—red, green, yellow, blue, etc.—as well as basic geometric shapes like circles, squares and triangles?			
To share materials and possessions?			
To share and cooperate with others?			
To tolerate frustration?			
To follow simple instructions?			
To recognize authority?			
To know how to control himself without constant guidance?			
To adapt to change?			
To be easily separated from you?			
To function independently?			
To ask for help when needed?			

Additional Comments: _____

Check here _____ if you would like us to call you to discuss your child in greater detail.