

Le Lycée Français de Los Angeles

KINDERGARTEN 1 and KINDERGARTEN 2 EVALUATION FORM

[CONFIDENTIAL]

To be filled out by the child's instructor or director. Please either email the attached form to admissions@lyceela.org or mail in a sealed envelope to Le Lycée Français at the address below.

We would appreciate your honest input by providing us with the following information. If, by your observations, you feel this child has learning difficulties, unusual traits, or characteristics, we would like to know early enough to provide appropriate placement and assistance. 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.

Sincerely,

Admissions Department
Le Lycée Français de Los Angeles
3261 Overland Avenue
Los Angeles, CA 90034-3589
Mrs. Darmon - 310-836-3464 Ext. 315
admissions@lyceela.org

NOTA BENE: Any undisclosed or undiagnosed issues that may affect child's behavior in school may result in child's exclusion from school. Tuition will be refunded to the extent of the tuition refund insurance policy with DEWAR. Please be open and notorious while reporting as Le Lycée may not be the right program for this child.



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Page 2 of 3

Child's name : _____

Primary Language: _____

SOCIAL SKILLS	<i>Often</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Notes</i>
<i>Cooperates</i>				
<i>Relates to peers</i>				
<i>Relates to adults</i>				
<i>Tolerates frustration</i>				
<i>Adapts to changes</i>				
<i>Easily separates from parents</i>				
<i>Shares materials and possessions</i>				
<i>Functions independently</i>				
<i>Asks for help when needed</i>				

Additional Comments: _____

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

Comments: _____

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

Comments: _____

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Page 3 of 3

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

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: _____

School Name: _____

Title or Position: _____

Phone: _____

Signature: _____ Today's Date: _____