

FOREST LAKE AREA SCHOOLS  
INDEPENDENT SCHOOL DISTRICT #831  
FOREST LAKE, MN 55025

**KINDERGARTEN NON-PROMOTION EVALUATION**  
**Attachment to Policy 520**

DATE \_\_\_\_\_

TEACHER \_\_\_\_\_ SCHOOL \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PRESENT AGE \_\_\_\_\_

DAYS ENROLLED THIS YEAR \_\_\_\_\_ DAYS ABSENT THIS YEAR \_\_\_\_\_

*THE ANSWERS TO THE FOLLOWING QUESTIONS ARE BASED ON WHAT THE CLASSROOM TEACHER HAS OBSERVED.*

**INTELLECTUAL GROWTH**

	Often	Sometimes	Rarely
1. Can the child recognize and name a majority of the upper and lower case letters when they are presented out of order?	_____	_____	_____
2. Is the child able to recognize basic letter sounds?	_____	_____	_____
3. Can the child recognize and write numbers 0 – 20 out of sequence?	_____	_____	_____
4. Can the child understand the meaning of a set?	_____	_____	_____
5. Is the child able to express himself in complete sentences?	_____	_____	_____
6. Can the child express an experience in sequence?	_____	_____	_____
7. Can the child recognize the five basic shapes?	_____	_____	_____
8. Can recognize majority of sight words?	_____	_____	_____

**PHYSICAL DEVELOPMENT**

1. Large and small motor coordination? Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Comments on vision, hearing, speech, etc? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMOTIONAL MATURITY**

Often      Sometimes      Rarely

- |                                       |       |       |       |
|---------------------------------------|-------|-------|-------|
| 1. Is the child easily discouraged?   | _____ | _____ | _____ |
| 2. Is he/she easily upset?            | _____ | _____ | _____ |
| 3. Is he/she lacking self-confidence? | _____ | _____ | _____ |

**SOCIAL DEVELOPMENT**

- |  |       |       |       |
|--|-------|-------|-------|
| 1. Does the child work and play well with other children?              | _____ | _____ | _____ |
| 2. Does the child have appropriate behavior in a variety of settings?  | _____ | _____ | _____ |
| 3. Is the child capable of taking care of him/herself?                 | _____ | _____ | _____ |
| 4. Does the child understand and respect the feelings of others?       | _____ | _____ | _____ |
| 5. Does the child take part in group discussions with relevant topics? | _____ | _____ | _____ |
| 6. Is the child willing to take part in group-learning activities?     | _____ | _____ | _____ |
| 7. Does the child share with other children?                           | _____ | _____ | _____ |

**WORK HABITS**

- |  |       |       |       |
|--|-------|-------|-------|
| 1. Is the child easily distracted?   | _____ | _____ | _____ |
| 2. Does the child follow directions?   | _____ | _____ | _____ |
| 3. Does the child work independently?  | _____ | _____ | _____ |
| 4. Is the child capable of completing his/her work in a reasonable length of time? | _____ | _____ | _____ |

**TEACHER'S RECOMMENDATION:** Summarizing statement of retention recommendations by the teacher, including child's greatest strengths and weaknesses, attitude about school, attendance, etc.

**PRINCIPAL'S RECOMMENDATION:** Summarizing statement of retention recommendations by principal.

Parent's signature \_\_\_\_\_

Teacher's signature \_\_\_\_\_

Principal's signature \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_