

BISHOP ANSTEY JUNIOR SCHOOL PRE SCHOOL STUDENT ASSESSMENT

Name of Child _____
Last Name First Name

Date of Birth _____ Age _____
Day Month Year

Date of Entry _____
Day Month Year

Name of Pre School _____

Address _____

Telephone No. _____

Please tick the appropriate column using this rating:

1 – Very Good

2 – Good

3 – Fair

4 – Cannot yet cope

GENERAL READINESS:	1	2	3	4
Listens to and follows simple instructions				
Sits and listens attentively to the reading of a short story				
Shows independence e.g. Carries own bag; Opens lunch kit				
Is able to sit and complete a short activity				
Waits his/her turn				
Packs and cleans up after an activity				
Interacts in a co-operative manner with peers and adults				
Is able to follow daily classroom routine				
ACADEMIC READINESS:	1	2	3	4
Sorts by Shape, Size, Colour				
Participates in Music and Art activities				
<i>Fine Motor Skills:</i> Holds pencil with correct tripod grip				
Holds scissors correctly				
Colours reasonably well				
Writes name				
<i>Letter Recognition:</i> Recites the alphabet clearly				
Recognises some letters of the alphabet				
<i>Phonics:</i> Knows sounds of some letters				
Can identify beginning sounds				
<i>Number Recognition (1-10):</i> Recognizes numbers & quantities				

REMARKS ON SOCIAL BEHAVIOUR AND LEVEL OF READINESS FOR FORMAL PRIMARY EDUCATIONAL SETTING:

Headmistress of Pre School: _____
PRINT NAME

Signature: _____

Date: _____

N.B. Please submit in a sealed envelope.