

**Mason Elementary School
First Grade Admission Information
Parent's Rating Form**

Student's Name: _____

Student's Age: _____ Date: _____

Parent's Name: _____

Purpose: Our school recognizes that parents can provide valuable information that can be helpful in planning a better school program for their child. You can supply this information by responding to the items listed below.

Directions: Read each item and check the column ("NO," "Uncertain," or "Yes") on the right that best applies to your child.

Personal/Speech			
Can your child tell others his/her	No	Uncertain	Yes
1. first and last name?			
2. age?			
3. street address (if applicable)?			
4. birth date?			
5. telephone number (if applicable)?			
Beginning Academic Skills			
Does your child	No	Uncertain	Yes
6. identify most common shapes?			
7. recognize (by naming) ten colors?			
8. count by rote to 100?			
9. add and subtract within 10?			
10. recognize all numerals to twenty?			
11. recite the alphabet?			
12. recognize and name all lowercase letters?			
13. recognize and name all uppercase letters?			
14. comprehend pictures in books depicting action and stories read to him/her?			
15. show an interest in books and a desire to read?			
16. identify front cover, back cover, title page, author and illustrator of book?			
17. recognize five or more words other than his/her name?			
18. produce correct letter sounds for all letters?			
19. recognize 5 vowels and their long and short sounds?			
20. produce rhyming words?			
21. pronounce and blend syllables in words?			
Visual and Fine-Motor Skills	No	Uncertain	Yes
Does your child			
22. copy a circle, a plus sign, and a triangle?			
23. write his/her first and last name?			

24. write numerals in sequence to 20?			
25. draw a picture of a person with ten recognizable body parts?			
26. stay within the lines when coloring a picture with crayons?			
27. use scissors to cut paper?			
28. successfully complete arts and crafts projects appropriate for age?			
Dominance/Laterality	No	Uncertain	Yes
Does your child consistently			
29. use the same hand as the preferred hand?			
30. discriminate between his/her right hand and left hand?			
31. follow the pattern of working left to right and top to bottom when appropriate?			
Self-Help Skills	No	Uncertain	Yes
32. tie his/her shoes?			
33. know which shoe goes on which foot?			
34. Usually take care of personal items?			
Social Skills	No	Uncertain	Yes
Does your child			
35. greet others in an appropriate manner?			
36. usually share and take turns willingly?			
37. play well with two or more children?			
38. willingly and cooperatively participate in a small-group activity or game?			
39. show concern for using materials and equipment safely and appropriately?			
Emotional/Self-Reliance	No	Uncertain	Yes
Does your child			
40. willingly engage in a new activity?			
41. usually make an effort to solve problems before seeking help from others?			
42. usually continue an activity without constant attention and encouragement?			
43. continue a task until completed or until it is time to stop?			
44. usually accept limits set by an adult?			
45. usually reflect a happy disposition?			
Speech	No	Uncertain	Yes
Does your child			
46. express needs & requests verbally rather than by inappropriate means?			
47. have speech that is understandable?			

If there is anything you think we should know about your child? _____

Has your child attended Kindergarten (yes/ No) (Full Day/Half day)

Where? _____