



Timberlake Christian Schools

# Kindergarten Applicant Evaluation

**Parent:**

This completed Evaluation Form must be returned to TCS before testing can be done. Please give to an appropriate care-giver (school teacher, Sunday school teacher, AWANA worker, etc.) WHO IS NOT A RELATIVE and **ask him/her to forward it to TCS as soon as possible.**

**To Whom It May Concern:**

The parents of \_\_\_\_\_ have applied for enrollment in Kindergarten at our school. As a current care-giver (preschool, co-op, daycare, daily babysitter, Sunday school teacher, etc.) would you please complete the following questionnaire so that we may make an informed decision about this applicant? Thank you for your assistance.

Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

How would you evaluate the applicant's behavior in a group setting or in a one-on-one setting?

On a scale of 1 to 10, how would you rate the applicant's response to authority? \_\_\_\_\_

Does applicant readily share attention or toys?

- Rarely     Sometimes     Usually     Almost Always

Is applicant obedient?

- Rarely     Sometimes     Usually     Almost Always

Is applicant able to attend to a story for at least 10 minutes?

- Rarely     Sometimes     Usually     Almost Always

Does applicant show an interest in letters or numbers?

- Rarely     Sometimes     Usually     Almost Always

In your opinion, is this child ready for Kindergarten?

- Yes     No

Please explain:

Signature: \_\_\_\_\_

**Please return to:**

**Timberlake Christian Schools**  
202 Horizon Drive  
Forest, VA 24551  
Fax: 434-239-3319  
Email: [office@tcs4u.org](mailto:office@tcs4u.org)