



HIGHLAND PARK CHRISTIAN ACADEMY

6801 SHERIFF ROAD LANDOVER, MD 20785

301.773.4079 OFFICE ~ 301.773.2626 FAX

www.hpchristianacademy.org

Highland Park Christian Academy Preschool Department Evaluation Form

Student Name: _____ Grade Entering: _____

Circle Yes (Y) if the entire statement applies to your child at least 80% of the time. Circle No (N) if the statement does not yet apply to your child.

Y / N: My child can state his/her first and last name.

Y / N: My child can verbalize his/her basic needs with statements such as “I’m hungry” or “I need to go potty”.

Y / N: My child can engage in play with other children, display appropriate behavior with peers, willingly join into group activities, and shows a desire to initiate play with other children (with adult supervision and help).

Y / N: My child understands the concept of sharing and turn taking and will exhibit these skills with prompting.

Y / N: My child can identify simple rules and expects others to follow them.

Y/N: My child understands the concept of task order such as “First we put cereal in the bowl. Then we pour the milk.”

Y/N: My child will wait to have his/her needs met when prompted. Example: When told, “I will tie your shoes after I finish putting on mine.”

Y / N: My child appropriately responds to directions from adults to put items away or to be careful with an item.

Y / N: My child remains seated and engaged in a table activity or while being read to for at least 5 minutes.

Y / N: My child is beginning to remember and follow two step directions (with prompting such as “what’s next?”).

Y / N: My child understands and responds to basic safety rules such as holding an adults hand when crossing the street or being wary of a hot stove.



HIGHLAND PARK CHRISTIAN ACADEMY

6801 SHERIFF ROAD LANDOVER, MD 20785

301.773.4079 OFFICE ~ 301.773.2626 FAX

www.hpchristianacademy.org

Y / N: My child is able to separate from primary caregivers, sometimes relying on another adult to feel safe and meet his/her needs.

Y / N: My child notices where things belong and helps put them away (example: toys in toy bin, socks in drawer, etc.)

Y/N: My child can remember and cooperate in daily routines such as transitioning from play to mealtime, taking off his/her coat and putting it where it belongs, and getting into a car seat to travel somewhere.

Y/N: My child can manage changes in routines and learn new behavior with minimal practice.

Count the number of “Y’s” circled: If your child meets the age requirements for our Preschool program, is fully toilet trained, and if you responded “Yes” to at least 10 of the above statements please include this checklist with your application.

If you do not believe that at least 10 of the above statements apply to your child then we would recommend you work with your child at home to help him/her gain these skills prior to entering our program. We know that a young child can learn and grow significantly within a few months, so if you believe your child will meet these guidelines by September, you are welcome to register with the knowledge that your child would benefit from acquiring these skills prior to the first day of school. Otherwise, you may wish to assess whether or not your child would benefit from waiting another year before beginning preschool.

If after completing this checklist you have any further questions about our program and/or would like to discuss your child’s developmental needs we encourage you to meet with one of our Early Childhood teachers.

We look forward to the blessing of serving your child.