

**KAIROS HOMESCHOOL ACADEMY:
NURSERY APPLICATION FORM**



School Year: _____ - _____
Student Name: _____
Date of Birth: _____ Current Age: _____
Sex: M / F
Primary Instructor: _____

INITIAL ASSESSMENT

(to be filled up by administrator during initial interview)

Date of Assessment: _____ Teacher's Name: _____

Cognitive

Inference Skills	Excellent	Average	Needs Improvement
Recall Skills	Excellent	Average	Needs Improvement
Focusing Skills	Excellent	Average	Needs Improvement

Comments: _____

Behavioral

Ability to Follow Instructions	Excellent	Average	Needs Improvement
Ability to Exercise Self-control	Excellent	Average	Needs Improvement
Ability to Interact	Excellent	Average	Needs Improvement

Comments: _____

Language Development

Auditory Comprehension	Excellent	Average	Needs Improvement
Articulation	Excellent	Average	Needs Improvement
Vocabulary	Excellent	Average	Needs Improvement

Comments: _____

Physical

Gross Motor Skills	Excellent	Average	Needs Improvement
Fine Motor Skills	Excellent	Average	Needs Improvement

Comments: _____

Academic Readiness

Reading	Excellent	Average	Needs Improvement
Writing	Excellent	Average	Needs Improvement
Numbers	Excellent	Average	Needs Improvement
Visual Discrimination	Excellent	Average	Needs Improvement

Comments: _____

Teacher's Signature: _____

FORMATIVE ASSESSMENT 1

School Year: _____ - _____
Student Name: _____
Date of Birth: _____ Current Age: _____
Sex: M / F
Primary Instructor: _____

RESULTS

(to be filled up by administrator during first mid-year assessment)

Date of Assessment: _____ Teacher's Name: _____

Cognitive

Inference Skills	Excellent	Average	Needs Improvement
Recall Skills	Excellent	Average	Needs Improvement
Focusing Skills	Excellent	Average	Needs Improvement

Comments: _____

Behavioral

Ability to Follow Instructions	Excellent	Average	Needs Improvement
Ability to Exercise Self-control	Excellent	Average	Needs Improvement
Ability to Interact	Excellent	Average	Needs Improvement

Comments: _____

Language Development

Auditory Comprehension	Excellent	Average	Needs Improvement
Articulation	Excellent	Average	Needs Improvement
Vocabulary	Excellent	Average	Needs Improvement

Comments: _____

Physical

Gross Motor Skills	Excellent	Average	Needs Improvement
Fine Motor Skills	Excellent	Average	Needs Improvement

Comments: _____

Academic Readiness

Reading	Excellent	Average	Needs Improvement
Writing	Excellent	Average	Needs Improvement
Numbers	Excellent	Average	Needs Improvement
Visual Discrimination	Excellent	Average	Needs Improvement

Comments: _____

Teacher's Signature: _____

FORMATIVE ASSESSMENT 2

School Year: _____ - _____
Student Name: _____
Date of Birth: _____ Current Age: _____
Sex: M / F
Primary Instructor: _____

RESULTS

(to be filled up by administrator during second mid-year assessment)

Date of Assessment: _____ Teacher's Name: _____

Cognitive

Inference Skills	Excellent	Average	Needs Improvement
Recall Skills	Excellent	Average	Needs Improvement
Focusing Skills	Excellent	Average	Needs Improvement

Comments: _____

Behavioral

Ability to Follow Instructions	Excellent	Average	Needs Improvement
Ability to Exercise Self-control	Excellent	Average	Needs Improvement
Ability to Interact	Excellent	Average	Needs Improvement

Comments: _____

Language Development

Auditory Comprehension	Excellent	Average	Needs Improvement
Articulation	Excellent	Average	Needs Improvement
Vocabulary	Excellent	Average	Needs Improvement

Comments: _____

Physical

Gross Motor Skills	Excellent	Average	Needs Improvement
Fine Motor Skills	Excellent	Average	Needs Improvement

Comments: _____

Academic Readiness

Reading	Excellent	Average	Needs Improvement
Writing	Excellent	Average	Needs Improvement
Numbers	Excellent	Average	Needs Improvement
Visual Discrimination	Excellent	Average	Needs Improvement

Comments: _____

Teacher's Signature: _____

SUMMATIVE ASSESSMENT

School Year: _____ - _____
Student Name: _____
Date of Birth: _____ Current Age: _____
Sex: M / F
Primary Instructor: _____

RESULTS

(to be filled up by administrator during final assessment)

Date of Assessment: _____ Teacher's Name: _____

Cognitive

Inference Skills	Excellent	Average	Needs Improvement
Recall Skills	Excellent	Average	Needs Improvement
Focusing Skills	Excellent	Average	Needs Improvement

Comments: _____

Behavioral

Ability to Follow Instructions	Excellent	Average	Needs Improvement
Ability to Exercise Self-control	Excellent	Average	Needs Improvement
Ability to Interact	Excellent	Average	Needs Improvement

Comments: _____

Language Development

Auditory Comprehension	Excellent	Average	Needs Improvement
Articulation	Excellent	Average	Needs Improvement
Vocabulary	Excellent	Average	Needs Improvement

Comments: _____

Physical

Gross Motor Skills	Excellent	Average	Needs Improvement
Fine Motor Skills	Excellent	Average	Needs Improvement

Comments: _____

Academic Readiness

Reading	Excellent	Average	Needs Improvement
Writing	Excellent	Average	Needs Improvement
Numbers	Excellent	Average	Needs Improvement
Visual Discrimination	Excellent	Average	Needs Improvement

Comments: _____

Teacher's Signature: _____