

# PRELIMINARY REVIEW FORM (Kindergarten)

Student Name : \_\_\_\_\_  
IC / Passport No. : \_\_\_\_\_  
Campus : \_\_\_\_\_ Grade : \_\_\_\_\_

Please rate your child in relation to the statements.

No.	Statement	Never/ Not able to	Sometimes	Always	Don't know
1	Listens closely for at least one (1) minute when people talk				
2	Speaks in sentences of 6 or more words				
3	Uses the toilet without help				
4	Writes his/her first and last name				
5	Avoids talking to strangers				
6	Plays cooperatively with other children				
7	Puts shoes and socks on without help				
8	Controls temper when he/she cannot get what he/she wants				
9	Works independently and asks for help only when necessary				
10	Seeks friendship with others of his/her age group				

Additional Remarks / Information on any of the item above:

## DECLARATIONS

Name of Parent / Guardian : \_\_\_\_\_  
IC / Passport No. : \_\_\_\_\_  
Relationship : \_\_\_\_\_

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

Please submit this document together with the Application for Admissions Form to SIS Admissions Office.