



**Oral Language****Comments**

Yes No Varies Speaks in complete sentences \_\_\_\_\_

Yes No Varies Expresses ideas logically \_\_\_\_\_

Yes No Varies Completes a thought in oral conversation \_\_\_\_\_

Yes No Varies Contributes to discussion \_\_\_\_\_

**Motor Development****Comments**

Yes No Varies Can jump in place \_\_\_\_\_

Yes No Varies Builds using simple construction materials \_\_\_\_\_

Yes No Varies Uses crayons and paint brushes effectively \_\_\_\_\_

Yes No Varies Uses same hand consistently \_\_\_\_\_

**Work Habits****Comments**

Yes No Varies Listens attentively in large groups \_\_\_\_\_

Yes No Varies Can follow individual directions \_\_\_\_\_

Yes No Varies Uses materials purposefully \_\_\_\_\_

Yes No Varies Cleans up after activities \_\_\_\_\_

Yes No Varies Usually follows school routine \_\_\_\_\_

Yes No Varies Helps with classroom tasks \_\_\_\_\_

Yes No Varies Shows persistence in problem solving \_\_\_\_\_

**Other** (If answering "yes" to the questions below, please elaborate on a separate sheet of paper.)

Has the applicant been evaluated for any physical, emotional, or academic reason? Yes No Unsure

Is the applicant currently on medication or has previously been on medication? Yes No Unsure

**PLEASE RETURN THIS FORM TO  
Hilary Scott, Director of Admissions  
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