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A REGISTERED NON-PROFIT ORGANISATION NO: 043-617-NPO

ANNEXURE A (A)

GRADE R APPLICANTS

Dear Teacher

RE: APPLICATION FOR ADMISSION – GRADE R

We have received an application for admission for grade R at this school

Please assist us to ascertain his / her grade R readiness by completing the attached form in **black ink**, according to your observations (of this learner) and confirm your assessment where indicated below.

Please provide a ✓ in each category where indicated.

Thank you for your assistance.

Mrs. Ruzanne Coetzee
Head of Department
Foundation Phase

Name of Pre-school / Educare centre: _____

Address: _____

Telephone Number: _____

Name of Teacher: _____

School Stamp

Learner's Name:	Date of birth:
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1. Position of child in family (e.g. 1st of 2 or 3rd of 3 etc.)

	Of	
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2. Does the child have any physical disability?

Hearing	Y	N
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Eyesight	Y	N
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Concentration	Y	N
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Other	Y	N
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Specify: _____

If yes, what has been done to rectify this/these?

Please ✓ in the appropriate box

General Development	Never	Sometimes	Mostly	Always
Does he/she know his/her age?				
Is he/she able to memorize poems or songs easily?				
Is there a lack of concentration (short attention span/easily distracted/daydreams)?				
Is he/she always on the go, struggling to sit still?				
Does he/she easily forget instructions or messages?				
Does he/she ask for instructions to be repeated?				
Is he/she exceptionally shy?				
Is he/she easily distracted?				
Does he/she respond to people?				
Is he/she able to dress/undress by them self?				

Social Development	Never	Sometimes	Mostly	Always
Does he/she like to play with a friend?				
Can he/she easily mix with a group?				
Can he/she easily carry on a conversation with a friend?				
Does he/she want to please friends?				
Is he/she willing to share toys?				
Does he/she play by the rules?				

Emotional Development	Never	Sometimes	Mostly	Always
Does he/she cry when separated from either or both parents?				
Does he/she cry when unable to complete an activity or instruction?				
Does he/she become cross easily?				
Does he/she kick/bite/push other learners?				
Is he/she exceptionally shy?				
Is he/she willing to speak/sing/recite/act in front of others?				
Does he/she feel safe to explore or attempt new things?				
Can he/she differentiate between fantasy and reality?				

Language Development	Never	Sometimes	Mostly	Always
Can he/she speak clearly and use tenses properly?				
Does he/she talk about daily activities?				
Can he/she tell a simple story using full sentences?				
Does he/she know their name and address?				

Cognitive Development	Never	Sometimes	Mostly	Always
Is he/she able to count 10 or more things?				
Can he/she draw a person with a least 6 body parts?				

Can he/she copy a triangle and other geometric shapes?				
Is he/she slow to carry out instructions?				

Movement	Never	Sometimes	Mostly	Always
Is he/she able to stand on one foot for 10 seconds or longer?				
Is he/she able to skip?				
Is he/she able to use a fork and spoon?				
Is he/she able to use the toilet on her own?				
Does he/she climb on a jungle gym?				

I confirm that this information has been provided according to my considered observations and assessments.

Name: _____

Position held: _____

Signature: _____

Date: ____/ ____/ 20____