



St. Agnes School
3886 Chestnut Avenue
Concord CA 94519
925-689-3990/Fax 925-689-3455

REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE FOR KINDERGARTEN

_____ Has applied for admission to St. Agnes School Kindergarten. In order that we may have some understanding of each child's abilities and needs, we would appreciate the completion of this form for your student.

Please return this form to St. Agnes. As a teacher who has recently worked with this child, your knowledge is invaluable.

1. How does this child function socially in the classroom with peers and adults? _____

2. Is the child able to separate easily from the adult who brings him/her to school? _____

3. Is the child alert at story time and can the child sit for a whole story? Yes ___ No ___
Is the child able to recall and discuss the story? Yes ___ No ___
Does the child wait for his/her turn to speak? Yes ___ No ___
Please describe the child's attention span. _____

4. Does the child participate in songs and games? Yes ___ No ___
Is the child interested in doing projects? Yes ___ No ___
Is the child interested in doing any paperwork? Yes ___ No ___
Is the child interested in coloring pictures? Yes ___ No ___
Is the child interested in writing letters and numbers? Yes ___ No ___
5. Is the child able to speak/articulate clearly? Yes ___ No ___
6. Is the child able to communicate/verbalize needs, ideas, and questions? Yes ___ No ___
7. Is the child able to write his/her first name? Yes ___ No ___
8. Is the child able to transition easily from one activity to another? Yes ___ No ___
9. Is the child able to grip a pencil and a crayon correctly? Yes ___ No ___

10. Please describe the child's coordination:

Large muscle _____

Small muscle _____

11. Please describe the child's speech development and articulation. _____

12. Are there any observable health problems? _____

13. What is the child's attitude towards school? _____

14. In your opinion is this child ready for Kindergarten? _____

15. Do you have any concerns about this child? _____

Additional remarks: _____

Teacher's signature _____

Title _____ Date _____

School Name: _____

School Address: _____

School Phone: _____

Inclusive dates you taught this child: _____

Thank you for your time and assistance in completing this form.