



REFERRAL FORM FOR KINDERGARTEN 2022-23

3886 Chestnut Avenue, Concord CA 94519
925-689-3990 / Fax 925-689-3455

Student's name: _____

The child named above has applied for admission to St. Agnes School's kindergarten class. To provide understanding of the child's abilities and needs, we would appreciate the completion of this form from your perspective as the child's current teacher. Your knowledge and insight are invaluable. Please return this form to St. Agnes School by fax or mail by March 1, 2022. Thank you!

TO BE COMPLETED BY STUDENT'S CURRENT TEACHER

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 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 comments:

Name of person completing report: _____

Title: _____

Signature: _____ Date _____

School name: _____

School address: _____

School phone: _____

Inclusive dates child attended your school: _____

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