



# REFERRAL FORM FOR KINDERGARTEN 2024-25

3886 Chestnut Avenue, Concord CA 94519  
925-689-3990

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 upon completion. Thank you!

## TO BE COMPLETED BY STUDENT'S CURRENT TEACHER

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

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

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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:

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4. Does the child participate in songs and games?  Yes  No

5. 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

6. Is the child able to speak/articulate clearly?  Yes  No

7. Is the child able to communicate/verbalize needs, ideas, and questions?  Yes  No

8. Is the child able to write his/her first name?  Yes  No

9. Is the child able to transition easily from one activity to another?  Yes  No

10. Is the child able to grip a pencil and crayon correctly?  Yes  No

11. Please describe the child's coordination:

Large muscle \_\_\_\_\_

Small muscle \_\_\_\_\_

12. Please describe the child's speech development and articulation: \_\_\_\_\_  
\_\_\_\_\_

13. Are there any observable health problems? \_\_\_\_\_

14. What is the child's attitude towards school? \_\_\_\_\_  
\_\_\_\_\_

15. In your opinion, is this child ready for kindergarten? \_\_\_\_\_  
\_\_\_\_\_

16. 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.**