REFERRAL FORM FOR KINDERGARTEN

2027-28

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?

   _____

   _____

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? D Yes D 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

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.