

## PRESCHOOL INFORMATION REQUEST

(For Kindergarten applicants only. This form is to be filled out by the child's teacher.)

Student's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Class level (Pre-K, etc.): \_\_\_\_\_

Readiness Test Administered (if any): \_\_\_\_\_

Test Performance Rating (if applicable): \_\_\_\_\_

Attendance Record: \_\_\_\_\_

Please check the boxes below you feel best apply to this student:

	Above Average	Average	Below Average
Maturity (for age)			
Attention span (for age)			
Follows directions			
Expresses ideas orally			
Speaks in full sentences			
Matches quantity to numbers (1-5)			
Enjoys learning			
Stays on task			
Self confidence			
Takes care of physical needs			
Small motor skills			
Gross motor skills			
Gets along with peers			

Please comment on any other aspects that you feel are important:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion, do you feel this student is ready for Kindergarten? Please check appropriate rating.

\_\_\_\_\_ Very strongly recommend                      \_\_\_\_\_ Confidently recommend

\_\_\_\_\_ Recommend with reservations                      \_\_\_\_\_ Do not recommend

Signature of teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Return to: Our Lady of Hope School, 46633 Algonkian Parkway, Potomac Falls, VA 20165

[school@ourladyofhope.net](mailto:school@ourladyofhope.net)