

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.): _____ Attendance Record: _____

Readiness Test Administered (if any): _____

Test Performance Rating (if applicable): _____

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			
Parent support			

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

Overall social/emotional behavior (required): _____

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: school@ourladyofhope.net

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