



ST. PAUL'S SCHOOL

KINDERGARTEN ADMISSION INFORMATION - PRESCHOOL TEACHER'S REPORT

STUDENT'S NAME _____

PRESCHOOL _____

PARENT'S NAME _____

TEACHER'S NAME _____

TODAY'S DATE _____

SCHOOL CONTACT PHONE/EMAIL _____

OF HOURS/DAYS CHILD ATTENDS PRESCHOOL _____

PURPOSE: As a preschool teacher, you have pertinent data that can be helpful in determining the Kindergarten readiness of the student listed above. Please provide us with the information requested in the following survey. Thanks, in advance, for your time. Your additional comments and overall impression of this child would be most appreciated.

DIRECTIONS: Read each item and fill in the circle that best applies to this student. **Does this student:**

- | | | | |
|--|---|---|--|
| 1. Tell others his/her name? | <input type="radio"/> Yes <input type="radio"/> No | 22. Usually try to solve problems before seeking help from others? | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Tell others his/her age? | <input type="radio"/> Yes <input type="radio"/> No | 23. Work independently on an activity without constant attention and encouragement? | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Recognize (by naming) basic colors? | <input type="radio"/> Yes <input type="radio"/> No | 24. Continue a task until completed or until it is time to stop? | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Recognize (by naming) basic shapes? | <input type="radio"/> Yes <input type="radio"/> No | 25. Have the ability to follow multiple step directions? | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Recognize (by naming) all alphabet letters? Uppercase letters? | <input type="radio"/> Yes <input type="radio"/> No | 26. Usually accept limits set by an adult? | <input type="radio"/> Yes <input type="radio"/> No |
| 6. Recognize (by naming) numbers 1-10? | <input type="radio"/> Yes <input type="radio"/> No | 27. Usually reflect a happy disposition? | <input type="radio"/> Yes <input type="radio"/> No |
| 7. Listen to a story from beginning to end? | <input type="radio"/> Yes <input type="radio"/> No | 28. Express needs and requests verbally rather than by | <input type="radio"/> Yes <input type="radio"/> No |
| 8. Comprehend stories read to him/her? | <input type="radio"/> Yes <input type="radio"/> No | 29. Have speech that is understandable? | <input type="radio"/> Yes <input type="radio"/> No |
| 9. Recognize his/her name in print? | <input type="radio"/> Yes <input type="radio"/> No | 30. Appear to have good physical health & stamina? | <input type="radio"/> Yes <input type="radio"/> No |
| 10. Write his/her name? | <input type="radio"/> Yes <input type="radio"/> No | 31. Have handicaps or problems which might require special services? If yes, please explain _____ | <input type="radio"/> Yes <input type="radio"/> No |
| 11. Draw pictures that are recognizable? | <input type="radio"/> Yes <input type="radio"/> No | 32. Seem ready for the challenges of a kindergarten program? If no, please explain _____ | <input type="radio"/> Yes <input type="radio"/> No |
| 12. Use scissors to cut paper? Dominant hand? | <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> L <input type="radio"/> R | 33. Any additional information you would prefer to convey in a phone conversation? | <input type="radio"/> Yes <input type="radio"/> No |
| 13. Successfully perform art and craft projects appropriate for age? | <input type="radio"/> Yes <input type="radio"/> No | | |
| 14. Have a dominant writing hand? Left or Right? | <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> L <input type="radio"/> R | | |
| 15. Dress him/herself? | <input type="radio"/> Yes <input type="radio"/> No | | |
| 16. Take care of bathroom needs independently? | <input type="radio"/> Yes <input type="radio"/> No | | |
| 17. Greet others in an appropriate manner? | <input type="radio"/> Yes <input type="radio"/> No | | |
| 18. Usually play well with at least one child? | <input type="radio"/> Yes <input type="radio"/> No | | |
| 19. Willingly and cooperatively participate in a small group activity or game? | <input type="radio"/> Yes <input type="radio"/> No | | |
| 20. Use materials and equipment safely and appropriately? | <input type="radio"/> Yes <input type="radio"/> No | | |
| 21. Willingly engage in a new activity? | <input type="radio"/> Yes <input type="radio"/> No | | |

Teacher: Please comment on the child's overall development and readiness for Kindergarten on the back of this form. Thank you!

Please return the completed form to: info@stpaulsf.net

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