



QUEEN OF APOSTLES CATHOLIC SCHOOL

Faith | Excellence | Joy

4409 Sano Street, Alexandria, Virginia 22312

PRE-SCHOOL INFORMATION REQUEST

(This form is to be filled out by child's Pre-K 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 comments 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: _____