



FAITH ❖ EXCELLENCE ❖ JOY

**PRESCHOOL INFORMATION REQUEST**

(This form is to be filled out by 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: \_\_\_\_\_