

**SAINT JAMES CATHOLIC SCHOOL
830 W. BROAD STREET
FALLS CHURCH, VA 22046
(703) 533-1182, FAX (703) 532-8316**

REQUEST FOR INFORMATION

**TO BE FILLED OUT BY APPLICANT'S CURRENT TEACHER PRIOR TO ACCEPTANCE TO
KINDERGARTEN OR FIRST GRADE**

Date: _____

Name: _____ **Grade applying for:** _____

To Whom It May Concern:

I give _____ my permission to answer the following questionnaire in regards to my child (above).
(Current School)

Parent's Signature

School currently attending: _____

School address: (Street) _____

(City, State, Zip) _____

School Phone: _____

Length of time in this school: _____

I. Grade the following areas with:

E (excellent) G (good) F (fair) P (poor)

READINESS

- _____ Attention Span
- _____ Comprehension (understands school vocabulary)
- _____ Retains information (memory)
- _____ Ability to follow directions (completes work with normal amount of help)
- _____ Oral expression (communicates clearly and distinctly)
- _____ Gross motor development
- _____ Fine motor development
- _____ Writing
- _____ Coloring (crayons)
- _____ Cutting

BEHAVIORAL

- _____ General attitude toward school
- _____ Classroom conduct
- _____ Effort and cooperation
- _____ Ability to cope with stress (frustration)
- _____ Ability to wait his/her turn
- _____ Relationship to teacher

SOCIAL

- _____ Relationship with peers
- _____ Consideration of others
- _____ Ability to be part of a group activity without adult assistance
- _____ Plays with others in cooperative play

II. Rate the applicant on the following:

1 (Above average) 2 (Average) 3 (Below average)

- _____ Academic Progress
- _____ Behavioral Development
- _____ Social Maturity/Emotional Development

III. Check one:

All Some None

- Applicant recognizes letters _____ _____ _____
- Applicant writes letters _____ _____ _____
- Applicant knows letter sounds _____ _____ _____
- Applicant knows basic colors _____ _____ _____
- Applicant knows basic shapes _____ _____ _____
- Applicant recognizes numbers to: _____
- Applicant writes numbers to: _____

IV. Reading Series _____ **Level:** _____

Is the applicant reading? _____

V. Math Series _____ **Level:** _____

VI. Discipline – Please comment.

VII. Describe any difficulties (physical, learning, emotional, social, behavioral, language barriers or family situations) which may affect the applicant’s progress.

VIII. Previous educational/psychological tests administered to applicant. Describe and enclose copies (if possible).

IX. Any other comments:

X. I recommend this child for: Kindergarten / 1st grade (circle one).

Signature of person completing report / title: _____

Signature of principal: _____ **Date:** _____

This report may be shared with the child’s parent/guardian.