

**SAINT JAMES CATHOLIC SCHOOL
830 W. BROAD STREET
FALLS CHURCH, VIRGINIA 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 regard to my child (above).
(Current School)

(Parent's signature)

School currently attending: _____

School address: _____

School phone: _____

Length of time in this school: _____

Dear Principal and/or Teacher:

_____, has applied for admission to our school. In order for us to adequately evaluate this student, we would appreciate your taking a few minutes to answer the following questions. We will use this information along with entrance test results, interview comments, and any other information that we have available to assist us in determining whether Saint James School is the best place for this student.

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

(Please complete other side)

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

II. Rate the applicant on 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 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:

This student will be (promoted to, retained in) grade _____ for the next school year.

Signature of person completing report/title: _____

Date: _____