

Queen of Apostles School
KINDERGARTEN ASSESSMENT FORM

Dear Teacher,

_____ has applied for admission to kindergarten at Queen of Apostles School. In order to properly place her/him, we would greatly appreciate your assistance. All replies are confidential. Please check the boxes, which most closely reflect your opinions. **(1 = low, 5 = high)**

	1	2	3	4	5	COMMENTS
Shows interest in reading readiness.						
Shows interest in math readiness.						
Controls pencil/scissors						
Fine motor skills						
Gross motor skills						
Adequate attention span						
Is able to listen and follow directions						
Shows self-control						
Works and plays well with others						
Group time activities: Is able to complete tasks						

Does the student have any physical, academic, or emotional problems of which you are aware? _____

Has the student received special services in speech, counseling, special education, etc? _____

Please return this form directly to **Queen of Apostles School, 4950 Mitty Way, San Jose, CA 95129 (408) 252-3659.**

Signature & Grade of Teacher

School

Date

Telephone Number