

**Queen of Apostles School**  
**KINDERGARTEN ASSESSMENT FORM**

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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