



St. Christopher Catholic School

2278 Booksin Avenue
San Jose, CA 95125
408-723-7223
Fax 408-978-5458

Today's date _____

Dear Teacher,

The student named below has applied for admission to St. Christopher Catholic School for the 2021-2022 school year. Please assist us in determining that the student can be successful in our school program. We ask that you complete the attached School Evaluation Form or Progress Report and return it to us in the envelope provided by the parent. Please mail it to St. Christopher Catholic School.

The evaluation is confidential and its use will be limited to determining eligibility for admission to our school. We would appreciate receiving the form by January 15, 2021.

Thank you for your assistance,

Stephanie Houlihan
Registrar

To _____ at _____
Name of Teacher Name of School

We are applying for our child, _____,
to enter grade _____ in 2021-2022. I give permission for you to
provide the information requested by the school. Kindly complete the attached
Evaluation Form or Progress Report and return it to the school in the attached stamped,
addressed envelope.

Thank you for your efforts with this request.

Signature of Parent

Parent's Telephone Number



Report of Preschool Progress
for Kindergarten Applicants

St. Christopher Catholic School, 2278 Booksin Ave., San Jose, CA 95125, 408-723-7223 Fax 408-978-5458

TO BE COMPLETED BY PRESCHOOL TEACHER

Preschool _____ Teacher _____

Address _____ Telephone _____

Name of child _____ Date of birth _____

<i>Kindergarten Readiness</i>	Mastered	Introduced	Needs Assistance
knows letter names of alphabet (random order)			
knows some consonant sounds			
knows colors			
knows numbers 1-10			
knows how to rhyme			
knows shapes			
<i>Social Skills</i>	Very Good	Average	Below Average
communicates well with peers			
communicates well with teachers			
practices self-control			
plays well with others			
can follow directions			
shares and takes turns			
has adequate attention span to complete tasks			
is able to remain focused in a small group			
has good visual recall			
has good auditory recall			
<i>Parental Support</i>	Very Good	Average	Below Average
maintains contact with teacher			
supports teacher in attaining objectives			
supports classroom and school policies			

Has this child received any special services or testing in the areas of speech, counseling, special education, ADHD, etc.? Yes No If yes, please explain. _____

Is this child ready for kindergarten? Yes No If no, please explain. _____

May we call you if we have questions? Yes No Thank you very much for your assistance.

Teacher signature _____ Today's date _____