

Teacher's signature:

Christ the King Catholic School *Heart, Mind, Spirit*

Kindergarten Assessment/Recommendation

Please present this form to your child's current preschool teacher to complete and forward directly to Christ the King Catholic School. This form is kept confidential and is due to our school by March 30th. Student Applicant: Name of School: Teacher: School Address: _____ Grade level: _____ City, State: Phone number: How long have you known the student? Please complete the following assessment Tasks Outstanding Above average Below average Average Follow directions Works independently Maintains focus and attention Initiates activities Separates easily from parents Expresses thoughts and ideas clearly Displays confidence and positive self-image Cooperates and participates in activities Respects rights and feelings of others Displays appropriate transition-time behavior Recognizes and names letters and numbers Briefly explain the program in which the child has been enrolled. Please include the length of session and number of sessions per week. Teacher's recommendation for next year:

Position: