

ST. CATHERINE OF SIENA SCHOOL 2016-2017

**604 Mellus Street
Martinez, Ca. 94553
(925) 228-4140**

KINDERGARTEN REFERRAL

_____ has applied for admission to St. Catherine of Siena School Kindergarten. In order that we may have some understanding of each child's abilities and needs, we would appreciate completion of this form for your student.

Please return this form to St. Catherine of Siena School as soon as possible. This information will not be placed in the child's school file. As a teacher who has recently worked with this child, your knowledge is invaluable.

1. How does this child function socially in the classroom with peers and adults?

2. Is the child able to separate easily from the adult who brings him/her to school?

3. Is the child alert at story time and can the child sit for the whole story?
Yes _____ No _____?
Does the child wait for his/her turn to speak? Yes _____ No _____?
Please describe the child's attention span.

4. Does the child participate in songs and games? Yes _____ No _____?
Is the child interested in doing art projects? Yes _____ No _____?
Is the child interested in doing any paperwork Yes _____ No _____?

5. Please describe the child's coordination:
Large muscles _____
Small muscles _____
6. Please describe the child's speech development and articulation.

7. Are there any observable health problems? _____

8. What is the child's attitude towards school? _____

9. In your opinion is this child ready for Kindergarten? _____

10. Do you have any concerns about this child? _____

- Additional remarks: _____

Teacher's signature _____
School _____
Address _____
Phone # _____

Thank you for your time and assistance in completing this form.