



# All Saints Catholic School

22870 Second Street, Hayward, CA 94541 (510) 582-1910

[www.all-saints-school.org](http://www.all-saints-school.org)

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## REQUEST FOR PRESCHOOL INFORMATION PRIOR TO ACCEPTANCE

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To the current teacher and/or principal of \_\_\_\_\_  
(child's name – please print)

Please release the requested information for the above-named child and mail it to All Saints Catholic School at your earliest possible convenience. Thank you for taking the time to complete this form.

Parent Signature: \_\_\_\_\_

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Principal or Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

Student attends school \_\_\_\_\_ days per week and \_\_\_\_\_ hours per day.  
Student has attended \_\_\_\_\_ School since \_\_\_\_\_  
Month / Year

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 focused at story time?  Yes  No
4. Does the child wait his/her turn to speak?  Yes  No
5. Can the child sit for a whole story?  Yes  No
6. Please describe the child's attention span.

\_\_\_\_\_

7. Does the child participate in songs and games?  Yes  No
8. Is the child interested in doing art projects?  Yes  No
9. Does the child complete projects?  Yes  No

Continued on reverse

10. Please describe the child's coordination.

Large motor: \_\_\_\_\_

Small motor: \_\_\_\_\_

11. Please describe the child's speech development and articulation.

\_\_\_\_\_  
\_\_\_\_\_

12. Are there any observable health problems?  Yes  No

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. What is the child's attitude towards school?

\_\_\_\_\_  
\_\_\_\_\_

14. In your opinion is this child ready for kindergarten?  Yes  No

15. Do you have any concerns about this child?  Yes  No

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Please tell us the area(s) this child has the greatest needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Printed name of person completing this report: \_\_\_\_\_

Signature of person completing this report: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

Inclusive days you taught this child: \_\_\_\_\_

*Thank you for taking the time to complete this form.*