



# St. Catherine of Siena School

Honoring All Students

## 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?

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

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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.

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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.

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\_\_\_\_\_ An educational ministry of St. Catherine of Siena Parish since 1949

Fully accredited by WCEA/WASC



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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.

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