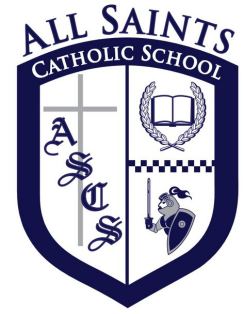


# All Saints Catholic School

## TEACHER EVALUATION FORM (Kinder)

ENTERING GRADE



*I give permission for this form to be completed and returned to All Saints Catholic School*

\_\_\_\_\_  
Signature of Parent/Guardian Authorization

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School Currently Attending:** \_\_\_\_\_

### TO: PRINCIPAL, DIRECTOR, or TEACHER

The above applicant has applied to All Saints Catholic School. The parents have given permission for your help in evaluation their student's readiness for kindergarten. We would appreciate your input; the information is confidential. Please advise us of any relevant information concerning the child's pre-school progress (e.g. personal observations, specific strengths or weaknesses, notable accomplishments, etc.)

***Please indicate by checking those areas where the child has demonstrated readiness.***

- |   |   |
|---|---|
| <input type="checkbox"/> Language Readiness | <input type="checkbox"/> Play                           |
| <input type="checkbox"/> Reading Readiness  | <input type="checkbox"/> Social & Emotional Development |
| <input type="checkbox"/> Writing Readiness  | <input type="checkbox"/> Child/Adult Relationships      |
| <input type="checkbox"/> Math Readiness     | <input type="checkbox"/> Peer Relationships             |

### Do you feel this student is ready for Kindergarten?

- Recommend
- Recommend with reservations
- Do not recommend

***Please describe any conditions (physical, emotional, language, family, etc.) of which the school should be aware of in dealing with this student.*** \_\_\_\_\_

***Please email, mail, or fax this evaluation form to:***

All Saints Catholic School  
2006 N. Houston Street  
Fort Worth, TX 76164

Phone: 817-624-2670  
Fax: 817-624-1221  
Email: [admissions@ascsfw.org](mailto:admissions@ascsfw.org)