Today's date_____

Dear Teacher,	
The student named below has applied for admission for the 2023-2024 school year. We ask that you com Evaluation Form/Progress Report and mail or drop o School office. All documents will remain confidential	plete the attached School ff to the St. Christopher
Thank you for your assistance,	
The Admissions Team St. Christopher School	
To at	
To at	Name of School
We are applying for our child,	
entering grade in 2023-202	24. I give permission for you to
provide the information requested by the school. Kin	dly email to admissions@stchris.us
or mail the completed Evaluation Form/Progress Re	port.
Thank you for your assistance with this request.	
Parent Signature	Parent Telephone Number



Report of Preschool Progress

for Kindergarten Applicants

St. Christopher School, 2278 Booksin Ave., San Jose, CA 95125, 408-723-7223 Fax 408-978-5458

Preschool ______ Teacher_____

TO BE COMPLETED BY PRESCHOOL TEACHER

Name of child Date of Kindergarten Readiness knows letter names of alphabet (random order) knows some consonant sounds			
knows letter names of alphabet (random order)	Mastanad		
, ,	Mastered	Introduced	Needs Assistance
knows some consonant sounds			
knows colors			
knows numbers 1-10			
knows how to rhyme			
knows shapes			
Social Skills	Very Good	Average	Below Average
communicates well with peers			
communicates well with teachers			
practices self-control			
plays well with others			
can follow directions			
shares and takes turns			
has adequate attention span to complete tasks			
is able to remain focused in a small group			
has good visual recall			
has good auditory recall			
Parental Support	Very Good	Average	Below Average
maintains contact with teacher			
supports teacher in attaining objectives			
supports classroom and school policies			