



# St. Christopher School

2278 Booksin Avenue

San Jose, CA 95125

408-723-7223

[admissions@stchris.us](mailto:admissions@stchris.us)

Today's date: \_\_\_\_\_

Dear Teacher,

The student named below has applied for admission to St. Christopher School. We ask that you complete a **Report of Preschool Progress** and either email it to [admissions@stchris.us](mailto:admissions@stchris.us) or mail it directly to the school. All documents will remain confidential.

Thank you in advance for your assistance.

Blessings,

The St. Christopher School Admissions Team

\_\_\_\_\_  
To \_\_\_\_\_ at \_\_\_\_\_  
Name of Teacher Name of School

We are applying for our child, \_\_\_\_\_, entering  
Transitional Kindergarten in the \_\_\_\_\_ school year.

I give permission for you to provide the information requested by St. Christopher School.

Kindly email the completed **Report of Preschool Progress** to [admissions@stchris.us](mailto:admissions@stchris.us) or  
mail it directly to the school. Thank you for your assistance with this request.

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

\_\_\_\_\_  
Date



# St. Christopher School

2278 Booksin Avenue

San Jose, CA 95125

408-723-7223

[admissions@stchris.us](mailto:admissions@stchris.us)

## Report of Preschool Progress for Transitional Kindergarten Applicants

### To Be Completed by Preschool Teacher

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Date of birth

\_\_\_\_\_  
Preschool Name

\_\_\_\_\_  
Preschool Teacher's Name

School Readiness	Mastered	Introduced	Needs Assistance
Knows letter names of alphabet (random order)			
Knows 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			

Please provide any additional information that would help the admission committee evaluate this applicant.

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

May we call you if we have questions? ☐ Yes ☐ No

\_\_\_\_\_  
Phone number, if applicable

\_\_\_\_\_  
Teacher signature

\_\_\_\_\_  
Date of Completion