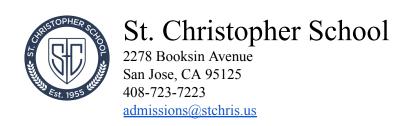
Today's date:	-			
Dear Teacher,				
The student named below has appl complete a Report of Preschool P directly to the school. All documen	rogress and eit	her email it to		•
Thank you in advance for your ass	istance.			
Blessings, The St. Christopher School Admis	sions Team			
ToName of Teacher	a	t	Name of School	
We are applying for our child,				entering
Transitional Kindergarten in th	e	_ school year.		
I give permission for you to pro	ovide the inform	nation request	ed by St. Christop	oher School.
Kindly email the completed Re	eport of Presch	ool Progress	to admissions@st	chris.us or
mail it directly to the school. T	hank you for yo	our assistance	with this request.	
Parent Signature			Date	



Report of Preschool Progress for Transitional Kindergarten Applicants

To Be Completed by Preschool Teacher

Student's Name St		Student's Date o	tudent'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				
s 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 wo	uld help the admission o	committee evaluate th	is applicant.	
May we call you if we have questions? \bigcirc Yes \bigcirc) No	Phone number, if a	pplicable	
Teacher signature		Date of Completion		