

St. Theresa Catholic School

21370 St. Theresa Lane, Ashburn, VA 20147 | phone 703-729-3577



Parents, **please sign form first**. Then, ask current teacher to complete and email (or mail) it to St. Theresa Catholic School at rotelld@stsashburn.com.

I, _____, Parent's Name, give permission for the release of the **most current grades** and the **information contained in this form** to St. Theresa Catholic School. I understand that as parents we will not have access to this confidential information and that it will not become part of my child's academic record.

Parent's Signature

Date

Student's Name

Name of Current School

For the Teacher/Administrator:

REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE

The above-named student has applied for placement in our first grade. In order that we may have a record of the child's academic achievement, social behavior, and his/her relationship with the teacher and peers, we would appreciate it if you could share the following information. The information sheet does not go into a child's academic record and the information contained is entirely confidential.

WORK HABITS	Not at all	Just a little	Most times	All the time
Listens attentively				
Follows directions				
Uses time well				
Completes work				
Can manipulate a pencil adequately				
Reverses the position of letters				
Can relate a short simple story				
GENERAL DEVELOPMENT	Not at all	Just a little	Most times	All the time
Shows leadership ability				
Exercises self-control				
Plays well with others				
Disturbs other children				
Quarrelsome				
Shy, does not join in				

LANGUAGE ARTS	Not at all	Just a little	Most times	All the time
Recognize alphabet: capital letters				
Recognize alphabet: lower case letters				
Hears sounds correctly (begin/end)				
Hears medial sounds in words				
NUMBER WORK	Not at all	Just a little	Most times	All the time
Recognizes symbols for numbers 1-10				
Can write numbers 1-5				
Can write numbers 1-10				

1. Do you know if this child ever been given a Readiness Test? ____Yes ____No

If yes: •What test was given? _____

•Date of testing _____

•What was the performance rating of the test? ____Low ____Average ____High

2. Please provide a sentence or two about this student, or comment where you feel necessary on any of the above questions.

3. Do you recommend this student for first grade in September? Yes_____ No_____

Signature of Teacher/Administrator

Print Name of Teacher/Administrator

Date