



ST. JOHN VIANNEY  
CATHOLIC SCHOOL

4601 Hyland Avenue  
San Jose, CA 95127  
Phone 408-258-7677  
Fax 408-258-5997

# Report of Preschool Progress

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents: Fill out section **1.** Give this form to your child's preschool teacher.

**1.**

## To Be Completed By Parents

Language(s) spoken at home \_\_\_\_\_

My child attends preschool.  Yes  No

List any special needs your child has (auditory, visual, physical, etc.)  
\_\_\_\_\_

Siblings attending St. John Vianney Catholic School: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us anything about your child that you feel would be important for us to know as your child begins Kindergarten (if you run out of room, feel free to continue on the back).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kindergarten hours are from 8:00AM–2:50 PM

**Extended Care is available in the morning from 7-7:45AM and reopens at dismissal until 6:00PM. Registration is required for participation.**

Will you enroll your kindergartner in the Extended Day Care program?

**NO**, we will not need Extended Care.

**YES, we need care for our child.**

**Please check all that apply.**

Between 7:00-7:45AM

From dismissal–6:00PM

## To Be Completed By Preschool Teacher

Preschool: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Satisfactory Needs Help

Works and plays well with other children

Communicates with adults

Listens and follows directions

Shares and takes turns

Shows appropriate attention span

Is able to manage classroom routines

Shows self control

Do you think this child will be ready for kindergarten?  Yes  No

Please comment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_