



ST. JOHN VIANNEY
CATHOLIC SCHOOL

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

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 M,T,TH, F and 8:00AM–11:50AM on Wednesday.

Extended is available 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.

To Be Completed By Preschool Teacher

Preschool: _____ Teacher: _____

Address: _____ Phone: _____

	Satisfactory	Needs Help
Works and plays well with other children	<input type="checkbox"/>	<input type="checkbox"/>
Communicates with adults	<input type="checkbox"/>	<input type="checkbox"/>
Listens and follows directions	<input type="checkbox"/>	<input type="checkbox"/>
Shares and takes turns	<input type="checkbox"/>	<input type="checkbox"/>
Shows appropriate attention span	<input type="checkbox"/>	<input type="checkbox"/>
Is able to manage classroom routines	<input type="checkbox"/>	<input type="checkbox"/>
Shows self control	<input type="checkbox"/>	<input type="checkbox"/>
Do you think this child <u>will</u> be ready for kindergarten?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please comment:

