



# St. Theresa School

21370 St. Theresa Lane  
 Ashburn, VA 20147  
 703-729-3577  
 703-729-8068 fax

I give permission for the release of MOST CURRENT GRADES and information contained in the form to the St. Theresa School. **Please give this form to your child's current teacher to complete with a stamped envelope, addressed to St. Theresa School (Attention: Donna McDonald).**

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

## REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE

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

\_\_\_\_\_  
 Name of School

The above-named student has applied for placement in our first grade next Fall. 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 permanent record and the information contained is entirely confidential.

Has this child ever been given a Readiness Test?    \_\_\_ Yes    \_\_\_ No

If yes, what test was administered? \_\_\_\_\_

What was the performance rating of the Test?

\_\_\_ Low    \_\_\_ Average    \_\_\_ High

Date of Testing \_\_\_\_\_

| <b>STUDY HABITS</b>        | Not at All | Just a little | Most times | All the time |
|----------------------------|------------|---------------|------------|--------------|
| Listens attentively        |            |               |            |              |
| Follows directions         |            |               |            |              |
| Uses time well             |            |               |            |              |
| Completes work             |            |               |            |              |
| <b>GENERAL DEVELOPMENT</b> |            |               |            |              |
| Shows leadership ability   |            |               |            |              |
| Exercises self control     |            |               |            |              |
| Plays well with others     |            |               |            |              |
| Disturbs other children    |            |               |            |              |
| Quarrelsome                |            |               |            |              |
| Shy, does not join in      |            |               |            |              |

| <b>LANGUAGE ARTS</b>                                             | Not at All | Just a little | Most times | All the time |
|------------------------------------------------------------------|------------|---------------|------------|--------------|
| Can recognize the alphabet<br>Capitals _____<br>Lower Case _____ |            |               |            |              |
| Hears sounds correctly<br>(beginning/ending)                     |            |               |            |              |
| Hears medial sounds in words                                     |            |               |            |              |
| <b>STUDY HABITS</b>                                              |            |               |            |              |
| Can manipulate a pencil adequately                               |            |               |            |              |
| Reverses the position of letters                                 |            |               |            |              |
| Can relate a short simple story                                  |            |               |            |              |
| <b>NUMBER WORK</b>                                               |            |               |            |              |
| Recognizes symbols for numbers 1-10                              |            |               |            |              |
| Can write numbers 1-5                                            |            |               |            |              |
| Can write numbers 1-10                                           |            |               |            |              |

Please comment where you feel necessary on any of the above questions.

---



---



---



---

Do you recommend \_\_\_\_\_ for Grade 1 in September?  
(Student's Name)

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Signature of Teacher/Principal*

\_\_\_\_\_  
*Print Name*