

# KINDERGARTEN READINESS SURVEY

Holy Spirit School  
1198 Redmond Avenue  
San Jose, CA 95120

\_\_\_\_\_  
Last name of applicant

\_\_\_\_\_  
First name of applicant

\_\_\_\_\_  
Date of birth

## ***THIS SECTION TO BE COMPLETED BY PARENT***

What is the language spoken at home? \_\_\_\_\_

What time does your child get up in the morning? \_\_\_\_\_ What time does your child go to bed at night? \_\_\_\_\_

Does your child have special needs (e.g., auditory, visual, physical)? If yes, please state here \_\_\_\_\_

If this child has siblings, please state age(s): \_\_\_\_\_

If any siblings are applying to Holy Spirit School please show which grade(s): \_\_\_\_\_

Please tell us anything about your child that you think would be important for us to know as your child begins kindergarten:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The school named below has my permission to provide Holy Spirit School with the information requested.

Signature of parent \_\_\_\_\_

## ***THIS SECTION TO BE COMPLETED BY PRE-SCHOOL TEACHER***

Name of pre-school \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Telephone \_\_\_\_\_ Teacher's name \_\_\_\_\_

	<i>Satisfactory</i>	<i>Needs Help</i>	<i>Comments</i>
Works and plays well with other children	_____	_____	_____
Will follow directions	_____	_____	_____
Is able to share and take turns	_____	_____	_____
Is able to communicate with adults	_____	_____	_____
Has adequate attention span to complete tasks	_____	_____	_____