



# TEACHER REFERENCE REPORT - for KINDERGARTEN application

Student's Name \_\_\_\_\_ Grade Applying to \_\_\_\_\_ With Teacher Since \_\_\_\_\_  
month/year

School \_\_\_\_\_ Class Size \_\_\_\_\_ School Hours \_\_\_\_\_

Please check (✓) the appropriate rating for each area or indicate DNK (do not know).

### Academic Criteria

	Seldom	Usually	Always
Able to work alone			
Able to work in a group			
Works hard			
Speaks clearly and appropriately for age			
Contributes to discussions			
Good use of time			
Keeps desk area neat			
Follows directions			
Completes classwork			

### Mastered Grade Level Concepts

	Seldom	Usually	Always
Recognizes all upper case letters			
Recognizes all lower case letters			
Recognizes numbers 1-10			
Recognizes numbers 11-20			
Recognizes all basic colors			
Recognizes all basic shapes			
Has appropriate phonemic awareness			
Reads some 2-4 letter words			

### Personal Criteria

	Seldom	Usually	Always
Displays healthy/happy outlook			
Considerate of others			
Interacts well with other students			
Is quiet & sits still at appropriate times			
Appropriate classroom conduct			
Has appropriate gross motor skills			
Has appropriate fine motor skills			
Cares for school and personal property			
Cooperates with adults			
Accepts suggestions or corrections			
Takes initiative			
Fulfills responsibilities			
Assumes leadership			

### Family Support

	Seldom	Usually	Almost Always
Parent(s) respond to phone calls/emails			
Parent(s) attend parent conferences			
Parent(s) participate in school activities			
Parent(s) responsive to school requests			

Additional comments that may help us know this student are greatly appreciated:

Print Name \_\_\_\_\_ Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

# KAIMUKI CHRISTIAN SCHOOL

1117 Koko Head Avenue • Honolulu, HI 96816 • Phone (808) 732-1781 • Fax (808) 735-1354  
Email: [kcs@kaimukichristian.org](mailto:kcs@kaimukichristian.org) • Website: [www.kaimukichristianschool.org](http://www.kaimukichristianschool.org)



*"Educating each child to his or her God-intended potential"*

## Dear Parent or Guardian,

- Complete and sign the following statement of Consent for Release of Information.
- Submit this sheet to an official at your child's current school in January.
- Provide the official with a stamped envelope addressed to:  
Kaimuki Christian School  
1117 Koko Head Avenue  
Honolulu, HI 96816
- Your child's records should be received by Kaimuki Christian School by January 31 or prior to your child's interview.

## CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, parent or legal guardian of  
Print name (first & last)

\_\_\_\_\_, applying for grade \_\_\_\_\_  
Print name (first & last)

hereby grant permission to \_\_\_\_\_ School, to release  
copies of the following educational records of my child to Kaimuki Christian School:

1. Copy of course grades for the current (or most recent) and previous year.
2. Personal comments of present or most recent school official, with full awareness that these comments are strictly confidential, cannot be shared with you, and are used only for admission purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## School Official

1. Does this student need any special/academic help?
2. Have these parent(s) met their financial responsibilities in a timely manner? If no, please explain.
3. Any comments that would assist in evaluating this student are appreciated:

Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Position \_\_\_\_\_

**Please mail completed form with attachments to Kaimuki Christian School.**