

KAIMUKI CHRISTIAN SCHOOL

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



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

TEACHER REFERENCE REPORT for Preschool

To the Parent or Guardian,

- Please type or print the information requested on the first line of the reverse side.
- Complete and sign the following statement of consent to the teacher, with full awareness that the information on the TEACHER REFERENCE REPORT is strictly confidential, cannot be shared with you, and is used only for admission purposes.

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

_____, hereby give my permission to
Print name (first & last)

_____, my child's teacher at
Print name (first & last)

_____ School, to release the information indicated on
the TEACHER REFERENCE REPORT on the reverse side of this sheet to Kaimuki Christian School.

Signature _____ Date _____

- Applicants for Preschool are to submit a TEACHER REFERENCE REPORT from a current/most recent teacher.
- Please forward this form to your child's teacher in January and provide a stamped envelope addressed to:
Kaimuki Christian School
1117 Koko Head Avenue
Honolulu, HI 96816
- Completed references should be received by Kaimuki Christian School by January 31 or prior to your child's interview.

To the Teacher,

Your professional evaluation of this student is a part of the criteria used to evaluate whether he or she can benefit from our program. Please complete the TEACHER REFERENCE REPORT on the reverse side of this sheet. Thank you for your time and assistance. If you have any questions, please call our office at (808) 732-1781.

TEACHER REFERENCE REPORT – PRESCHOOL

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 (does not know) when there is insufficient data.

Personal Criteria

	Seldom	Usually	Always
Displays healthy/happy outlook			
Considerate of others			
Interacts well with other students			
Appropriate classroom conduct			
Cares for school and personal property			
Cooperates with adults			
Accepts suggestions or corrections			
Takes initiative			
Fulfills responsibilities			
Assumes leadership			

Classroom Readiness

	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			
Is quiet & sits still at appropriate times			
Completes classwork			

Age Appropriate Knowledge

	Seldom	Usually	Always
Recognizes upper case letters			
Recognizes lower case letters			
Recognizes numbers 1-10			
Recognizes basic colors			
Recognizes basic shapes			
Has appropriate phonemic awareness			
Has appropriate gross motor skills			
Has appropriate fine motor skills			

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 _____

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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. Progress report(s) for the current (or most recent) year, if applicable.
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.