



# ST. ANTHONY SCHOOL

148 Makawao Street • Kailua, Hawai'i 96734  
Phone (808) 261-3331 • Fax (808) 263-3518  
www.saskailua.org



*Distinctly Catholic • Educationally Excellent • Uniquely Contemporary*

## Preschool and Kindergarten REFERENCE REPORT

Applicant's Name \_\_\_\_\_

Applicant's Birth Date \_\_\_\_\_

Applying for Grade [ ] Pre-school (Age 3) [ ] Pre-Kindergarten (Age 4) [ ] Kindergarten

Parent/guardian names \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### To the Parent/Applicant:

Please submit the Reference Report to the applicant's teacher to complete. If your child had never attended school, parent may complete Reference Report. Please provide the teacher with an addressed and stamped envelope using the following address:

**St. Anthony School  
148 Makawao Street • Kailua, HI 96734**

The information on the Reference Report is confidential and cannot be shared with anyone outside of the admission process. Please sign below to indicate that you understand and give your consent to release the information provided in this report:

*"I (we) hereby give my permission to release the information indicated on the **Reference Report** regarding my child, \_\_\_\_\_, for the purpose of admission to St. Anthony School. I further understand that the information on the report is strictly confidential and will not be shared with me or anyone outside the admission process."*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

### To the person providing the reference:

We sincerely appreciate your willingness to complete this Reference Report for this student. The parent/guardian is aware that any information you provide will be held in strict confidence. Please return the completed evaluation to the St. Anthony School office as soon as possible. If you have any questions, please contact our office at (808) 261-3331.

# REFERENCE REPORT

Name of Student \_\_\_\_\_

EMOTIONAL DEVELOPMENT	Needs Help	Adequate	Strength	LANGUAGE DEVELOPMENT	Needs Help	Adequate	Strength
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to express feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Verbalization</b>			
Works out own problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Naming objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustration level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Story telling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relating events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self Concept</b>				Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Language use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

SOCIAL DEVELOPMENT	Needs Help	Adequate	Strength	PHYSICAL DEVELOPMENT	Needs Help	Adequate	Strength
Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Large motor skills</b>			
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumbling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Catching and throwing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swinging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bike Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of modification of behavior for group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Running, Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Willing to try new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Coordination rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COGNITIVE DEVELOPMENT	Needs Help	Adequate	Strength		Needs Help	Adequate	Strength
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Small motor skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Perceptions</b>				Blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting, coloring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pouring water/sand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dramatic Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Problem solving</b>				Dressing self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet Trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Recommendation Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name (print) \_\_\_\_\_ School \_\_\_\_\_

Title \_\_\_\_\_