



Our Lady of the Visitation School

785 Sunnydale Ave. San Francisco, CA 94134

Phone (415) 239-7840 ☎ Fax (415) 239-2559

PRESCHOOL/DAYCARE QUESTIONNAIRE

_____ has applied for Kindergarten at Our Lady of the Visitation School for the upcoming school year. Please complete this questionnaire and return it to our school office, by regular mail or email to the principal at principal@olvsf.org, as soon as possible. Please do not return to the parent for submission. Your comments will be kept confidential. This child's enrollment process cannot be completed without this form.

We have an all day Kindergarten (8:10 am - 3:15 pm), and your input on the readiness of the child is essential in helping the school make the appropriate selection. Your forthrightness is appreciated.

Please use these codes in answering the following questions:

S= Satisfactory H= Help Needed N=Not Ready

Self-help Skills

Independent Dresser _____ Independent Toileting _____ Taking care of possessions _____

Social Skills

Demonstrates a cooperative attitude:

in general _____ toward other children _____ toward adults _____

Works well in small groups _____ Exhibits self-control _____

Work Skills

Show interest in learning _____ Can focus on task _____

Gross Motor Skills

Hopping on one foot _____ Skipping _____ Uses alternate feet to walk on stairs _____

Fine Motor Skills

Can use scissors _____ Can write name independently _____ Can glue appropriately _____

Can write some numbers and letters _____ Can hold a crayon or pencil correctly _____

Listening/Speaking Skills (Please answer “yes” or “no”)

Enjoys listening to stories _____ Listens to and follows directions _____
Uses speech clearly and distinctly _____ Speaks English clearly and distinctly _____

Special Interventions

Please describe this child’s strengths and share any current challenges.

How long has this child been enrolled at your preschool? _____

In your opinion, is this child ready for a full-day, well balanced yet academically rigorous Kindergarten Program?
Additional Comments

Name of Preschool _____

Teacher Name _____ **Email Address** _____

Please check here if the teacher may contact you for additional information. _____

Send completed form to:
Our Lady of the Visitacion School
Attn: Principal
785 Sunnydale Avenue
San Francisco, CA 94134
or email to OLV Principal
Lara de Guzman at ldeguzman@olvsf.org