

**CATHEDRAL CATHOLIC ACADEMY  
1728 Nu'uanu Ave.  
Honolulu, HI 96817**

**CONSENT FOR RELEASE OF INFORMATION**

Parent(s)/Legal Guardian(s): Please submit this Pre-School Evaluation form to the school office where your child attends. The Teacher's evaluation form is on the back of this form.

I (We), \_\_\_\_\_, Parent(s) or legal guardian(s) of  
(Print Parent's Name)  
\_\_\_\_\_, hereby grant permission to  
(Print Student's Name)  
\_\_\_\_\_, to release copies of my child's  
(Print Name of School)

educational records to Cathedral Catholic Academy.

\_\_\_\_\_  
(Signature of parent(s)/legal guardian(s))

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Telephone Date

**PRE-SCHOOL EVALUATION FOR KINDERGARTEN APPLICANT  
FOR ACCEPTANCE TO  
CATHEDRAL CATHOLIC ACADEMY**

Name: \_\_\_\_\_  
Last
First
M.I.

**Evaluation Scale: O = Outstanding  
G = Good  
S = Satisfactory  
NI = Needs Improvement**

<b>SOCIAL/EMOTIONAL BEHAVIOR</b>		<b>SELF-MANAGEMENT</b>	
Works and plays cooperatively		Shows good attention span	
Displays self-control		Seeks help when needed	
Adjusts well to new situations		Cares for materials	
Participates in group activities		Is able to follow simple directions.	
Shares and takes turns		<b>MATH</b>	
Follows rules and routines		Counts & recognizes numbers to 10	
<b>LANGUAGE ARTS SKILLS</b>		Counts & recognizes numbers to 20	
Speaks clearly		Writes numbers to 10	
Speaks in complete sentences		<b>WORK HABITS</b>	
Listens to and enjoys stories		Works independently	
Recognizes and names all letters of the alphabet		Is attentive	
Grasps pencil correctly		Listens and follows directions	

Comments: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_