

Teacher/Childcare Provider Preschool Information Form

2025-2026

Parent/Guardian:

Please complete this section. The remainder of this document is to be completed by your child's teacher/childcare provider. It should be returned to Mrs. Smith by your child's current daycare or preschool.

Applicant's Full Name: _____

Date of Birth _____

Name of current preschool or daycare: _____

Entry Date: _____ Attends how many days/hours? _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date completed: _____ Please circle grade applying: PS3 or PS 4

Teacher/Childcare Provider:

The above applicant is applying for admission to St. Veronica Catholic School Preschool Program. We value feedback from teachers and providers when we review each application. Please email the completed form to Mrs. Mary Jo Smith, Director of Admissions and Preschool, admissions@stveronicaschool.org. Thank you.



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<i>Areas of Development</i>	<i>Above Age Level</i>	<i>At Age Level</i>	<i>Below Age Level</i>
Intellectual alertness			
Ability to sustain interest in a task			
Ability to express most needs/wants			
Speaks in sentences of increasing complexity			
Speech Development (articulation)			
Participates actively in conversation			
Ability to listen attentively and with patience			
Follow multi-step instructions/requests			
Work independently			
Displays imagination			
Demonstrates fine motor skills			
Demonstrates gross motor skills			
Separates easily from parent/guardian			
Plays cooperatively			
Transitions easily to new activities			
Interacts w/teachers or adults			
Reaction to setbacks or disappointments			
Demonstrates empathy to others			
Demonstration of awareness of behavioral consequences			

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Please comment on parent involvement and cooperation. Also include any additional comments you would like St. Veronica Catholic School Admissions to know about the student.

Would you recommend this student to attend St. Veronica Preschool in the coming year? _____

Have you recommended testing or services, such as Child Find, for this student?

Teacher/Provider completing this form:

Teacher/Provider PRINT Name: _____

Teacher/Provider SIGNATURE: _____

Date Completed: _____

Thank you for taking the time to fill this form out.

Please return to St. Veronica Catholic School.

Attn: Mrs. Mary Jo Smith, Director of Admissions and Preschool

admissions@stveronicaschool.org

***This should be a school-to-school transfer, this document is confidential between schools.
This form will not be accepted if submitted by parent.***