



St. Raymond TK-8 Catholic School  
 1211 Arbor Road, Menlo Park CA 94025  
 650.322-2312 | Fax 650.322.2910

**TRANSITIONAL KINDERGARTEN STUDENT EVALUATION FORM**

**To the Parent/Guardian:** Complete the top portion of this form and give it to the applicant’s present school.

Name of Applicant \_\_\_\_\_

Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_

I hereby give permission for you to release the information on this form concerning my child to St. Raymond School. I, the parent/guardian, understand that I will not have access to this confidential information.

\_\_\_\_\_  
 Parent/Guardian signature

**To the Applicant’s Present School:** The above-named applicant has applied for admission to St. Raymond School. To assist us in deciding if our program suits this applicant’s needs, we ask you to complete and return this form to us. We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in the strictest confidence, nor will it be shared directly or indirectly with the applicant’s parents. – *Thank you*

Please return this form to: Admissions  
 St. Raymond School  
 1211 Arbor Road  
 Menlo Park, CA 94025

Teacher’s Name \_\_\_\_\_ Teacher Signature \_\_\_\_\_

Title/Position \_\_\_\_\_ Date \_\_\_\_\_

Name/Address of School \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you think this applicant is ready for a classroom developmentally appropriate for the TK student that provides a structure conducive to supporting student readiness for kindergarten? YES NO

Would you be willing to discuss this applicant by telephone if we have further questions? YES NO

Is there information about this applicant that would be better communicated by telephone? YES NO

