



Applicant Information

Student Name: _____

Date: _____

Parent/Guardian: _____

Preschool: _____

Phone: _____

Teacher: _____

Evaluation Key

E - Excellent
S – Satisfactory
NI – Needs Improvement
D – Developing
NY – Not Yet

This student is applying for admission at Granville Christian Academy.

This form is to be completed by the student's Preschool teacher.

Please fill out this progress report to the best of your ability.

Math Readiness	Key	Comments
I can count by 1's to _____		
I can count with 1:1 correspondence		
I can sort by size, shape and color		
I can make an AB pattern		
I can recognize numbers from 1-20		
I can write numbers from 1-20		
I can recognize basic shapes		
I can identify my colors		

Language & Reading Readiness	Key	Comments
I can speak in complete sentences		
I can recognize my name		
I can write my name		
I like to look at books and pictures		
I have a sense of left to right progression		
I can arrange pictures in sequence		
I can recognize likeness in words		
I can name upper case letters		
I can name lower case letters		

General Knowledge	Key	Comments
I know my address		
I know my phone number		
I know my birthday		
I know the days of the week		

Work Readiness	Key	Comments
I listen attentively		
I follow directions		
I complete activities on time		
I work independently		
I use materials correctly		
I clean up after work		

Social/Emotional Readiness	Key	Comments
I observe rules		
I play well with others		
I display self-control		
I show confidence		
I respect property		
I adjust well to new situations		
I participate in group activities		
I can wait my turn		
I am willing to help others		

Visual/Motor Development	Key	Comments
I can hold my pencil correctly		
I can use scissors		
I can trace		
I can use glue		
I know left and right		

Return completed form to:
 Granville Christian Academy: Attention Enrollment Director
 1820 Newark Granville Road
 Granville, Ohio 43023
 Forms can also be emailed to admissions@granvilleca.org.