

Doris Todd Memorial Christian School  
519 Baldwin Ave., Paia, Hawaii 96779  
(808) 579-9237 or dtoffice@maui.net

**Statement of Consent for Release of Information**  
Kindergarten Evaluation Form

To the Parent/Guardian:

As a requirement for Kindergarten admission to our school, his/her preschool teacher must evaluate each student. Please give the attached **Kindergarten Evaluation Form** to your child's teacher and request that they complete it and return it directly to us as soon as possible.

Please provide the teacher with a stamped envelope addressed to:

Office of Admissions  
**Doris Todd Memorial Christian School**  
**519 Baldwin Avenue**  
**Paia, Hawaii 96779**

You will also need to complete and sign the following **Statement of Consent for Release of Information** and give it to the preschool teacher. All information on the evaluation is strictly confidential and will not be shared beyond the Admissions Committee.

State of Consent for Release of Information

I hereby give my consent for release of the information indicated on the Evaluation Form regarding my child, \_\_\_\_\_, for the purpose of admission to Kindergarten at Doris Todd Memorial Christian School.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Doris Todd Memorial Christian School**

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Dear Preschool Director:

We appreciate your willingness to complete this evaluation. The parent/guardian is aware that any information you provide will be held in strict confidence. Please return this report directly to our school as soon as you can. If you have any questions, please contact our office at 579-9237 or dtoffice@maui.net.

**STUDENT'S NAME:** \_\_\_\_\_

Kindergarten Evaluation	Exceptional	Good	Fair	Poor
Respects authority.				
Follows directions.				
Adequate attention span.				
Participates in class activities.				
Listens when others are talking.				
Plays with other children in a non-aggressive manner.				

Have you seen evidence that his child may be hyperactive?     Yes     No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Name of Preschool: \_\_\_\_\_

Dates/Years child attended your school: \_\_\_\_\_

Teacher Name (please print): \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_