



TEACHER RECOMMENDATION FORM

For students entering Kindergarten

Please sign and submit this form to the child's current teacher and have them mail or fax directly to St. Michael Catholic School before the registration deadline.

_____ Candidate for KINDERGARTEN
 Name of Student

PARENT OR GUARDIAN: Please write your child's name in the space above and read and sign the following before giving this to your child's teacher.

I understand and agree that the information contained on this Teacher Recommendation Form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone outside of the Admission Committee, and I waive any right that I may have to see it.

_____ Signature of Parent or Guardian

_____ Date

TEACHER: Please mail or fax this completed form directly to the Admissions office at St. Michael Catholic School as soon as possible as the student's application cannot be processed until this form is received in the Admissions office.

As a current teacher, please evaluate the candidate based on your direct knowledge of him or her. Keep in mind that the applicant should be evaluated according to others of the same chronological age. The members of the Admission Committee thank you for your interest, cooperation, and honesty. Your comments will be held in strict confidence. Please check the appropriate boxes and include comments.

How long student was enrolled in your class _____

General Academic Ability: Superior High Average Average Below Average

I feel the chances for success for this child are greatest in (check all that apply):

Highly challenging academic environment Developmentally appropriate environment High structured environment

PRE-ACADEMIC DEVELOPMENT	Usually	Frequently	Sometimes	Seldom
Listens to and follows teacher's directions				
Is attentive to group discussions/activities				
Contributes appropriately to group discussions/activities				
Demonstrates ability to work independently				
Works cooperatively				
Enjoys new challenges				
Demonstrates good visual perception				
Demonstrates good auditory memory				
Expresses ideas in complete sentences				
Moves easily from one activity to another				
Demonstrates appropriate energy level				
Demonstrates ability to stay on task				
Completes tasks in a reasonable amount of time				
Exhibits problem solving abilities				

PHYSICAL DEVELOPMENT	Excellent	Good	Needs Improvement
Gross motor coordination			
Speech/Articulation			
Fine motor coordination			
General health			

Name of Student _____

SOCIAL SKILLS	<i>Usually</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Seldom</i>
Is comfortable in a group				
Is comfortable playing alone				
Shares well				
Is considerate of others				
Demonstrates self control				
Communicates needs effectively				
Take responsibilities for belongings				
Is cooperative				
Demonstrates appropriate behavior				
Exhibits emotional maturity				
Responds positively to redirection				
Establishes friendships easily				

Circle the words that best describe this applicant:

Aggressive Over-protected Articulate Irritable Manipulative Self-disciplined
Mature Honest Self-centered Responsible Positive leader Conscientious
Shy Oppositional Immature Witty Easily discouraged Perfectionist
Helpful Social Vivacious Well-liked Organized Negative Leader
Anxious Confident Cheerful Disobedient Motivated Follower

Child's attendance: Regular Frequent absences Frequent tardiness

Number of students in present classroom _____ **Number of teachers in present classroom** _____

If you have additional information that will be helpful to the Admission Committee in evaluating the candidate's application, please comment. If needed, use another sheet of paper: _____

Check one: Highly recommended Recommended Recommended with reservation Do not recommend

If this answer is "Do not recommend" or "Recommended with reservation," please explain: _____

Check one: I would like to be willing to discuss the applicant by telephone.

Is there anything regarding the family that would be helpful for us to know? _____

Signature of Teacher _____	Please Print _____	Date _____
Name of School _____	Telephone _____	
School Address _____		

DIRECTOR/PRINCIPAL:

PARENTAL INVOLVEMENT	<i>Usually</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Seldom</i>
Participates in school activities				
Supports school policies and procedures				

Parent(s) attends conferences open house

Signature of Director/Principal _____	Date _____
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