

RECOMMENDATION FORM



TEACHER RECOMMENDATION FORM

Students Entering K or 1st Grade

To be filled out by parent:

Name of Student: _____ Applying For: K 1ST (please circle one)

Student's Birth date: _____ Age: _____

I, the parent, understand that I will not have access to this confidential information

Parent Name (printed): _____

Phone: _____ Email: _____

Parent Signature: _____ Date: _____

To be filled out by child's present school and sent to:

Saint Hilary School
765 Hilary Drive
Tiburon, CA 94920
Attn: Admissions

Please check appropriate boxes: 4=Strength 3=Satisfactory 2=More time 1=Area of concern

	4	3	2	1		4	3	2	1
COMMUNICATION SKILLS					SELF-HELP SKILLS				
Social interactions with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes, bathroom, lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interactions with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROSS MOTOR SKILLS				
Uses words to express feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body and space awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balance, including eye/hand/foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	coordination				
LISTENING SKILLS					FINE MOTOR SKILLS				
Length of attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses proper grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small motor tasks (lacing, puzzles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions & completes task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LANGUAGE DEVELOPMENT				
					Speech is clear & understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Asks questions to extend understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Expresses thoughts in words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMPLETE OTHER SIDE

RECOMMENDATION FORM



Please comment on the following

Activities this child prefers: _____

Greatest strength in dealing with peers: _____

General health as exhibited at school (any concerns?): _____

Characteristic response to new task or situation: _____

Ability to handle transitions in the program: _____

Is there any additional information that can be better conveyed in a phone conversation? yes no

If yes, best time to reach you: _____ Phone number: _____

Additional remarks

Please include any family circumstances that we should be aware of in our evaluation. Please also include any other comments you wish to make about the applicant.

Specific Recommendation

Highly Recommended Recommended Recommended with reservations

Prefer not to make a recommendation (please explain): _____

Name _____ Position _____ Date _____

School _____ Telephone Number _____