

To the parent: Please sign below to authorize completion of this form by your child's teacher.

Parent Signature _____ Date _____

**Confidential Teacher Recommendation Form
For Applicants to Kindergarten**

Applicant's name: _____ Candidate for September 2011

To the teacher: Your input is a vital part of our process. Please complete this form carefully. The information it contains will remain confidential and will not become part of the student's permanent record.

Please return this form to St. Patrick's by February 15

How long have you known the student? _____ In what capacity? _____

What three (3) adjectives would you use to describe this student? _____

PERSONAL/SOCIAL DEVELOPMENT

No basis for judgment	Behavior	Rarely	Sometimes	Often	Nearly Always
	Works and plays cooperatively				
	Works independently				
	Accepts responsibility				
	Exhibits self-control				
	Effectively communicates wants and needs				
	Shows consideration for others				
	Demonstrates a good attention span				

Comments:

WORK HABITS/ATTITUDES

No basis for judgment	Behavior	Rarely	Sometimes	Often	Nearly Always
	Shows initiative				
	Listens attentively				
	Follows directions				
	Cares for materials				
	Shows an active interest in classroom activities				

Comments:

Please be sure to complete both sides of this form. Thank you!

LEARNING BEHAVIORS

No basis for judgment	Behavior	Rarely	Sometimes	Often	Nearly Always
	Enjoys stories read aloud				
	Recalls specific story details				
	Uses age-appropriate vocabulary.				
	Communicates ideas effectively				
	Recognizes differences in size, shape, quality and quantity				
	Exhibits ability to count objects				
	Demonstrates small muscle coordination				
	Demonstrates large muscle coordination				

ADDITIONAL INFORMATION

FAMILY INFORMATION		Rarely	Sometimes	Often	Nearly Always
	Parent Cooperation				
	Parent Participation				

OTHER INFORMATION

How does this child respond to frustration?

How does this child handle conflict with peers?

In what situations does this child become excitable, upset or apprehensive?

In your opinion, will this child be ready for kindergarten in September?

_____ Definitely ready _____ Ready with reservations (please explain) _____ Not ready

TEACHER INFORMATION

Name of person completing this form (Please print.) _____

School Name: _____ Address _____

Telephone: _____ Email _____

Is there any additional information that can be better conveyed in a phone conversation? _____ Yes
 _____ No.

We sincerely appreciate your cooperation and candid response. To ensure confidentiality, please mail this form directly to
 Admissions, St. Patrick's Episcopal Day School
 One Church Road,
 Thousand Oaks, California 91362.

If an immediate response is required please fax both sides to 805-496-8331