Teacher Recommendation for Kindergarten

The student named below is a candidate for admission for the Kindergarten class at St. Helen Catholic School.

Parent or Guardian: Please read and sign before giving this to your child's teacher.

I understand and agree that the above information is confidential and will be used only in the selection of candidates. I also agree that this completed form will not be available to candidates, parents, or anyone else outside of the St. Helen Catholic School Admissions office, and I waive any right that I amy have to see it.

_____Date_____
Signature of Parent/Guardian

Name of applicant:_____ Birthdate:_____

My child has has not attended pre-school.

Name of pre-school:_____

	Satisfactory	In Transition	Needs Attention
Social & Personal Development			
1. Separates from parents without difficulty			
2. Is secure and happy at school			
3. Makes activity choices without teachers help			
4. Shares toys and materials			
5. Is able to control his/her behavior			
6. Can express anger in words rather than action			
7. Communicates in complete sentences			
8. Articulates in a manner that is understandable to adults and peers			
Self-Help Skills			
1. Can take care of personal needs (restroom)			
2. Uses appropriate manners at lunch/snack time			
Motor Skills			
1. Works well with paints, blocks, clay, crayons, and markers			
2. Can run, throw and catch a ball, climb, exhibits proper balance			
3. Confidently attempts new activities			

If your answer to any of the statements on page 1 is “Needs attention,”, please comment.

Is this child ready for a full day program every day of the week? If no, explain,

TEACHER RECOMMENDATION

Check one: **I highly recommend.**

I recommend.

I do not recommend.

Comments:_____

Name of Current teacher:_____

Printed name

Signature of current teacher:_____

Signature of teacher