

St. Monica School

Pre-School Teacher/Director Recommendation Form For Students Entering Kindergarten

To be filled out by Parent/Guardian:

Date: _____

Name of Applicant: _____

Date of Birth: _____

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

Parent/Guardian Signature: _____

To be filled out by a representative from the child's present preschool and sent to:

**St. Monica School
Attn: Admissions
5950 Geary Boulevard
San Francisco, CA 94121**

A. Please write in the appropriate evaluation numbers:

4 = Strength, 3 = Satisfactory, 2 = More time needed, 1 = Area of concern

4 3 2 1

SELF HELP SKILLS:

(Clothes, bathroom, lunch)				
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COMMUNICATION SKILLS:

Social interactions with children				
Social interactions with adults				
Shows self confidence				
Contributes to group discussion				

LISTENING SKILLS:

Length of attention span				
Listens to directions				
Follows direction & completes task				

Please continue on reverse...



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St. Monica School

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4 3 2 1

GROSS MOTOR SKILLS:

Balance (eye, hand, & foot)				
Body and spatial awareness				

FINE MOTOR SKILLS:

Uses proper grasp				
Small motor tasks (lacing, puzzles)				

LANGUAGE DEVELOPMENT:

Speech is clear and understandable				
Asks questions to extend understanding				
Expresses thoughts in words				

B. Please comment on the following:

1. Activities that the child prefers:

2. Greatest strength while interacting with peers:

3. General condition of health exhibited at preschool:

4. Characteristic response to a new task or situation:

5. Ability to handle transitions:

C. Overall Recommendation:

___ Highly recommended, ___ Recommended, ___ Recommended with reservations

___ I prefer to not make a recommendation (please explain)

Name: _____ Position: _____

Preschool: _____ Phone: _____



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www.stmonicasf.org