

# St. Monica School

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

To be filled out by Parent/Guardian:

Name of applicant: \_\_\_\_\_

Applicant date of birth: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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## 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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5950 Geary Boulevard \* San Francisco, CA 94121  
Direct: (415) 751-9564 \* Fax: (415) 751-0781  
www.stmonicasf.org