



Recommendation Form for Students Entering Kindergarten

Section 1: 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: _____

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Section 2: To be filled out by a representative from the child's present preschool. Preschool Staff and/or Director, please send information directly 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

SELF HELP SKILLS

4

3

2

1

(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

	4	3	2	1
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

Name: _____ Position: _____

Preschool: _____ Phone: _____

Address: _____

Please briefly describe your program, including population size, grouping structure, curriculum and enrichment activities. _____

