## SAINT MONICA SCHOOL

Recommendation Form for Studen	its Entering k	Kindergarten		
Section 1: To be filled out by Parent/Gua	ardian:			
Name of applicant:	Applican	Applicant date of birth:		
Gender: Male Female				
I, the parent/guardian, understand I will i	not have acces	ss to the confide	ential informati	on in Section 2.
Parent/Guardian Signature:Please give entire form to preschool.		Date:		
Section 2: To be completed by the child' to:				
Saint Monica School Attn: Admissions 5950 Geary Blvd. San Francisco, CA 94121  A. Please write in the appropriate eva 4 = Strength, 3 = Satisfactory, 2 =			of concern	
SELF HELP SKILLS	4	3	2	1
Clothes, bathroom, lunch		1	_	
COMMUNICATION SKILLS Social interactions with children	4	3	2	1
Social interactions with adults				
Shows self confidence				
Contributes to group discussions				
LISTENING SKILLS	4	3	2	1
Length of attention span				
Listens to directions				
Follows directions & completes tasks				

4 = Strength, 3 = Satisfactory, 2 = More time needed, 1 = Area of concern 2 **GROSS MOTOR SKILLS** Balance (eye, hand & foot) Body and spatial awareness 3 4 FINE MOTOR SKILLS Uses proper grasp Small motor tasks (lacing, puzzles) LANGUAGE DEVELOPMENT 4 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: Recommended with reservations \_\_\_\_\_ Highly recommended \_\_\_\_\_ Recommended \_\_\_\_\_ I prefer not to make a recommendation Position: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Preschool: Address: \_\_\_\_\_ Please briefly describe your program, including population size, grouping structure, curriculum and enrichment activities: \_\_\_\_\_