



## Saint Joseph Catholic Parish School

958 Epps Bridge Parkway, Athens, GA 30606

706-543-1621 FAX 706-543-0149

or email to: [tina.bortle@sjathens.org](mailto:tina.bortle@sjathens.org)

### SCHOOL RECOMMENDATION (Pre-Kindergarten)

#### To be filled out by applicant:

Name of Applicant: \_\_\_\_\_ Applying to grade: \_\_\_\_\_  
(Name of referring school) \_\_\_\_\_ has my permission to answer the questions below and mail this information to Saint Joseph Catholic Parish School at the above address.

Signature(s) of Parent/Guardian

Date

#### To be filled out by recommending school personnel:

Classroom teachers are encouraged to offer their observations regarding the applicant's performance. Copies of this form may be made to accommodate the input of more than one teacher.

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

The above student has applied for admissions to Saint Joseph Catholic Parish School. Our program is strictly academic offering a basic curriculum. We try to provide for a normal range of learning differences, but are unable to offer remediation for significant learning needs of students. In the best interest of the child seeking admission to Saint Joseph Catholic Parish School, would you please answer the following questions.

1. Length of time the student has attended your school \_\_\_\_\_
2. Grade placement for the current academic year \_\_\_\_\_
3. Suggested grade placement for the upcoming school year \_\_\_\_\_
4. Maturity Level: Below Age Level \_\_\_\_\_ Age Appropriate \_\_\_\_\_ Advanced \_\_\_\_\_
5. In relation to other students, how much teacher assistance and attention did this applicant require? Significantly more \_\_\_\_\_ Average \_\_\_\_\_ Less \_\_\_\_\_
6. Has the student ever been recommended for or identified as needing:
  - a. Psychological Testing Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Special Education Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Gifted Program Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Grade Retention Yes \_\_\_\_\_ No \_\_\_\_\_
  - e. Tutoring Yes \_\_\_\_\_ No \_\_\_\_\_
7. If the answer was Yes to any of the above, to what degree were the parents cooperative?  
\_\_\_\_\_  
\_\_\_\_\_



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**8. Grade the following areas using the below criteria:**

1. Outstanding    2. Satisfactory    3. Below-Average    4. Area of Concern

## Student Behaviors

_____	Attending Behaviors in a large group	_____	Interaction with peers
_____	Ability to adapt to changes in routine	_____	Reaction to new situations
_____	Appropriate conflict resolution with peers		

## Language

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- Receptive: Follows directions and explanations
- Expressive: Speaks in an age-appropriate manner (vocabulary, syntax, grammar)

## Reading Readiness

- Phonological awareness: Recognizes rhymes and actively participates in other activities that play with sounds
- Phonics: Beginning awareness of sound-letter correspondence

## Math Readiness

- \_\_\_\_\_ Awareness of quantitative concepts (uses manipulatives to show knowledge of numbers)
- \_\_\_\_\_ Sorts and classifies by two properties

9. Please comment on the classroom and school behavior of this child noting any observations that would be detrimental to the learning environment. This may include how the child interacts with peers and adults.

\_\_\_\_\_

\_\_\_\_\_

our dealings with parents, what is their attitude toward their child's learning? How have they reacted with school policies and teachers' suggestions?

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Based on your knowledge and experience with this student, would you recommend him/her for an  
academically-based curriculum at Saint Joseph Catholic Parish School?

Thank you for your cooperation and the extra time to fill in this form.

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**Signature of person completing this form**

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Date

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Printed Name