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 Aproiate_____ Advanced _____
5. In relationship 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?

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


Student Behaviors

- Attending Behaviors in a large group
- Ability to adapt to changes in routine
- Appropriate conflict resolution with peers

Interaction with peers
React to new situations

Language

- 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.

___________________________________________________________________
___________________________________________________________________

10. In your dealings with parents, what is their attitude toward their child’s learning? How have they cooperated with school policies and teachers’ suggestions?

___________________________________________________________________
___________________________________________________________________

11. 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.

_________________________________  _____________________________
Signature of person completing this form  Date

Printed Name