



KINDERGARTEN RECOMMENDATION FORM

Student Name _____

Current School _____ City _____

To the Parent:

- ❖ Please complete the information above and request that an authorized official (either the principal or a current teacher) of the school your child currently attends complete and return this form directly to Assumption School.

To the School Official:

- ❖ A frank and complete statement about the student will help the Admissions Committee assess the applicant fairly and accurately.
- ❖ This confidential form will be used by the Admissions Committee and will not become part of the cumulative record of the prospective student.
- ❖ Enclosed is a self-addressed envelope - please return this completed form in the self-addressed envelope.

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
GENERAL READINESS				
Is the child able to work independently on a given task without constant supervision?				
Is the child able to follow simple oral directions?				
SOCIAL READINESS				
Is the child generally willing to share toys and materials?				
Does the child ask questions?				
Is the child able to negotiate problems with peers?				
Is the child able to sit at group times without disrupting his or her peers?				
EMOTIONAL READINESS				
Is the child able to set limits on other 's inappropriate behavior?				
Is the child able to separate from the primary care giver upon arrival at school without anxiety such as clinging and tears?				
Is the child able to get his or her needs met in an acceptable manner?				
Is the child able to control his or her impulses?				
Is the child able to accept responsibility for his or her actions and choices?				
PHYSICAL READINESS				
Does the child engage in large muscle play such as tricycle riding, climbing and or running?				
Does the child show interest in and have the opportunity to use crayons, markers , paints , and scissors?				
INTELLECTUAL READINESS				
Is the child able to see another 's point of view?				

PLEASE CHECK IF APPLICABLE :

General Information

In your opinion , what is the student's most outstanding characteristic?

How long has this student been in your school?_____

From your experience , has there been parental cooperation and involvement in school activities?

- No No opportunity to observe
- Yes In what way? _____

Please estimate the attendance record of this student.

- Rarely absent
- Misses about 5% to 15 % of school
- Out on a regular basis 20-30 % of time

The majority of these absences were a result of:

- Sickness Doctor Family Business
- Vacation Cutting Other _____

On the basis of your observation, does this student have any unusual problems that should be brought to our attention?

Does the family meet its financial obligation at school?

- Yes Not applicable
- No (please explain)_____

RECOMMENDATION	ACADEMICALLY	As A PERSON
I strongly recommend this student.		
I recommend this student .		
I recommend this student with reservations. (Please state your reservation below)		
I do not recommend this student. (Please state your reservation below)		

Is there any additional information which you feel might or should influence our decision?

Verifying Personnel Signature: _____

Title: _____ **Date:** _____