



St. Mary's Catholic School

1019 South 7th Street Temple, TX 76504 • 254-778-8141 Fax: 254-778-1396 • www.stmarys-temple.org

Confidential teacher Recommendation : APPLYING FOR Kindergarten

Applicant's Name: _____ For August _____

I waive my right of access and that of my child to this recommendation form.

Parent signature: _____

TO THE TEACHER:

If the parent signature appears above, this recommendation will remain confidential and will not become part of the student's permanent record. Your input is a vital part of our process. Please complete this form carefully and thoroughly.

How long have you known the student? _____

Days attend per week: _____ Full Day Half Day

What three (3) adjectives would you use to describe this student? _____

SOCIAL / EMOTIONAL DEVELOPMENT

(please check appropriate box)

No Basis for Judgment Rarely Sometimes Often Nearly Always

Works and plays cooperatively					
Works independently					
Accepts responsibility					
Exhibits self-control					
Effectively communicates wants and needs					
Shows consideration for others					
Demonstrates a good attention span					

WORK HABITS / ATTITUDES

(please check appropriate box)

No Basis for Judgment Rarely Sometimes Often Nearly Always

Shows initiative					
Listens attentively					
Follows directions					
Cares for materials					
Shows an active interest in classroom activities					
Stays on task					

ACADEMIC QUALITIES

(please check appropriate box)

No Basis for Judgment Rarely Sometimes Often Nearly Always

Enjoys stories read aloud					
Recalls specific story details					
Uses age-appropriate vocabulary					
Communicates ideas effectively					
Recognizes differences in size, shape, and quantity					
Exhibits ability to count objectives					

PHYSICAL DEVELOPMENT

(please check appropriate box)

No Basis for
Judgment

Rarely

Sometimes

Often

Nearly Always

Demonstrates small muscle control/coordination					
Demonstrates large muscle control/coordination					
Uses appropriate language and vocabulary					
Uses appropriate speech articulation					

ADDITIONAL INFORMATION

(please check appropriate box)

No Basis for
Judgment

Rarely

Sometimes

Often

Nearly Always

Parents cooperate					
Parents participate appropriately					

How does this child respond to frustration? _____

How does this child handle conflict with peers? _____

In what situations does this child become excitable, upset, or apprehensive? _____

List any special or unusual circumstances (positive or negative) that may be relevant to the student's performance in school.

In your opinion, will this child be ready for Kindergarten in August?

 Definitely ready
 Ready with reservations (please comment)
 Not ready

Is there any additional information that can be better conveyed in a phone conversation?

 Yes
 No
TEACHER INFORMATION

Name of person completing this form (please print): _____

School name: _____ Phone number: _____

Signature: _____ Position: _____

Date: _____

We sincerely appreciate your cooperation and candor. To ensure your confidentiality, please return this form directly to St. Mary's Catholic School: 1019 S. 7th Street, Temple, TX 76504 or by fax to: 254-778-1396

