

## RECOMMENDATION FORM



## TEACHER RECOMMENDATION FORM

### Students Entering K or 1st Grade

#### To be filled out by parent:

Name of Student: \_\_\_\_\_ Applying For: K 1ST (please circle one)

Student's Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

☐ I, the parent, understand that I will not have access to this confidential information

Parent Name (printed): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### To be filled out by child's present school and sent to:

**Saint Hilary School**  
765 Hilary Drive  
Tiburon, CA 94920  
**Attn: Admissions**

Please check appropriate boxes: 4=Strength 3=Satisfactory 2=More time 1=Area of concern

4 3 2 1

#### COMMUNICATION SKILLS

Social interactions with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interactions with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses words to express feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### LISTENING SKILLS

Length of attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions & completes task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### SELF-HELP SKILLS

Clothes, bathroom, lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### GROSS MOTOR SKILLS

Body and space awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance, including eye/hand/foot coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### FINE MOTOR SKILLS

Uses proper grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small motor tasks (lacing, puzzles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### LANGUAGE DEVELOPMENT

Speech is clear & understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions to extend understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts in words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE COMPLETE OTHER SIDE**

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### Please comment on the following

Activities this child prefers: \_\_\_\_\_

\_\_\_\_\_

Greatest strength in dealing with peers: \_\_\_\_\_

\_\_\_\_\_

General health as exhibited at school (any concerns?): \_\_\_\_\_

\_\_\_\_\_

Characteristic response to new task or situation: \_\_\_\_\_

\_\_\_\_\_

Ability to handle transitions in the program: \_\_\_\_\_

\_\_\_\_\_

Is there any additional information that can be better conveyed in a phone conversation? ☐ yes ☐ no

If yes, best time to reach you: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Additional remarks

Please include any family circumstances that we should be aware of in our evaluation. Please also include any other comments you wish to make about the applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Specific Recommendation

☐ Highly Recommended ☐ Recommended ☐ Recommended with reservations

☐ Prefer not to make a recommendation (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email \_\_\_\_\_