



**Independent School Recommendation Form
For Students Entering Grades Pre-K through 1**

Parent/Guardian: Please complete the top portion and submit the form to your child's current school to be completed by the child's current teacher or principal. This form must be returned to us directly by the child's current school.

Date: _____

Student Name: _____

Date of Birth: ____/____/____

Current Grade/Program: _____

Grade Applying for: _____

Current school: _____

Address: _____

Phone Number: _____

To: School Head/Principal or Teacher:

Thank you for completing this confidential evaluation, which is a critical part of our decision-making process. Please note that we consider the applicant's personal qualities to be as important as his/her academic abilities. The answers to the questions on this page are extremely important to us; we value your thoughtful and honest assessments and appreciate the time you are taking to fill out this form. **THESE RECOMMENDATIONS ARE STRICTLY CONFIDENTIAL.**

If the applicant were admitted to St. Martin of Tours School and left your school, your school would be losing

a student who...

- is an excellent addition to the school.
- fits in adequately with your student body.
- adds in some areas but detracts in others.
- brings significant challenges to school each day.

parents who ...

- are amazing supporters in every school aspect.
- are supportive, interested, and participate.
- at times are supportive, interested, and participate.
- are difficult to work with and uninterested.

ACADEMICS – Please check the appropriate box.

| FOR THE GRADE LEVEL | EXCEEDS EXPECTATIONS | MEETS EXPECTATIONS | APPROACHING EXPECTATIONS | NOT APPROACHING EXPECTATIONS | NOT APPLICABLE |
|----------------------|----------------------|--------------------|--------------------------|------------------------------|----------------|
| Reading | | | | | |
| Writing | | | | | |
| Word Recognition | | | | | |
| Listening & Speaking | | | | | |
| Math | | | | | |
| Science | | | | | |
| Social Studies | | | | | |

PHYSICAL DEVELOPMENT – Please check the appropriate box.

| PHYSICAL DEVELOPMENT | ABOVE AVERAGE | AGE APPROPRIATE | NEEDS IMPROVEMENT |
|-----------------------------------|---------------|-----------------|-------------------|
| Small Muscle Control/Coordination | | | |
| Large Muscle Control/Coordination | | | |
| Speech Development (Articulation) | | | |



Name of Student: _____

SOCIAL DEVELOPMENT – Please check the appropriate box.

| SOCIAL DEVELOPMENT | USUALLY | SOMETIMES | SELDOM | COMMENTS |
|----------------------------------|---------|-----------|--------|----------|
| Shows Self-Control | | | | |
| Shows Independence | | | | |
| Shows Curiosity | | | | |
| Tries New Activities | | | | |
| Responds Appropriately | | | | |
| Expresses Feelings Appropriately | | | | |
| Can Actively Participate | | | | |
| Plays Cooperatively | | | | |
| Can Resolve Conflicts | | | | |

PERSONAL QUALITIES – Please check the appropriate box.

| PERSONAL QUALITIES | EXCELLENT | GOOD | FAIR | POOR | COMMENTS |
|---------------------------------|-----------|------|------|------|----------|
| Relationship with Teacher | | | | | |
| Relationship with Peers | | | | | |
| General Attitude | | | | | |
| Classroom Behavior | | | | | |
| Follows Classroom/School Rules | | | | | |
| Listens Well/Follows Directions | | | | | |
| Responsibility for Own Actions | | | | | |
| Respectfulness | | | | | |
| Problem Solving | | | | | |
| Caring/Empathy for Others | | | | | |
| Attendance | | | | | |
| Tardiness | | | | | |

Please identify any special needs, including auditory and visual development: _____

Please share any other observations/information which you think would be helpful: _____

Name of Teacher / Administrator Completing the Form

Title

Signature

Date

Thank you for your time and cooperation in completing this form. You can fax back or mail in the form.