



1000 Bolling Avenue • Norfolk, Virginia 23508 • (757) 440-5500 • www.stpcs.org
 An Independent Catholic School • Prekindergarten – 8th Grade

PREKINDERGARTEN & KINDERGARTEN TEACHER RECOMMENDATION FORM

SECTION I Parent or guardian is to complete this information prior to giving it to the student's teacher(s).

_____ has applied for admission to Saint Patrick Catholic School.

I release you from any liability that could occur as a result of this teacher recommendation, and I waive my right to access.

Parent/Guardian Signature: _____ Date: _____

SECTION II (To be completed by the applicant's current teacher)

Please supply the requested information and return this form directly to:

Office of Admissions, Saint Patrick Catholic School, 1000 Bolling Avenue, Norfolk, VA 23508

Fax: (757)213-0947

Please give three words that describe this child as a learner.

How long have you known this student?

What are this student's strengths or special gifts?

What areas (if any) may need to be strengthened?

SPEECH/LANGUAGE

YES UNCERTAIN NO

SPEECH/LANGUAGE	YES	UNCERTAIN	NO
Does this student			
...have speech that is understandable?			
...express needs and requests verbally and appropriately?			
...speak in sentences of four or more words?			
...follow multistep directions with minimal prompting?			
...usually understand age-appropriate vocabulary?			
...answer questions with relevant information?			

Additional comments:

SOCIAL				YES	UNCERTAIN	NO
Does this student						
...greet others in an appropriate manner?						
...usually share or take turns willingly?						
...usually play well with two or more children?						
...willingly and cooperatively participate in a small-group activity?						
...show concern for using materials and equipment appropriately?						
...consistently participate in classroom activities?						
...show leadership skills among classmates?						
...have friends that enjoy playing with him/her?						
...assist in classroom duties and responsibilities consistently (i.e., clean up)?						
...sit appropriately for a circle or story time with few reminders?						
...need redirection more often than other students of the same developmental age?						
...treat other adults and classmates with respect?						
...choose an activity without assistance?						
...usually handle conflict or frustration with words?						
Additional comments:						

EMOTIONAL				YES	UNCERTAIN	NO
Does this student						
...easily transition from one classroom activity to another?						
...continue an activity without constant attention or encouragement?						
...continue a task until completed or time to stop?						
...usually accept limits set by an adult?						
...usually display a happy disposition?						
...need support to be successful in the classroom?						
Additional comments:						

ATTENDANCE & HEALTH				YES	UNCERTAIN	NO
Does this student						
...attend school on a regular basis?						
...arrive to school on time most days?						
...stay for the full length of the day (half or full day)?						
...appear to have good health and stamina?						
...have allergies that prevent involvement in classroom activities?						
Additional comments:						

SELF-HELP SKILLS				YES	UNCERTAIN	NO
Does this student						
...totally care for toileting needs?						
...button or zip a coat?						
...know which shoe goes on which foot?						
...usually take care of personal needs?						
...unpack and/or pack up backpack when instructed?						
...follow classroom routines and procedures with little or no assistance?						
...attempt to solve problems before asking for help?						
...ask for help when needed?						
Additional comments:						

How would you describe this student? (Check all that apply)

<input type="checkbox"/> Determined	<input type="checkbox"/> Selfish	<input type="checkbox"/> Negative	<input type="checkbox"/> Competitive
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Liked	<input type="checkbox"/> Focused	<input type="checkbox"/> Disliked
<input type="checkbox"/> Advanced academically	<input type="checkbox"/> Average academically	<input type="checkbox"/> Below average academically	<input type="checkbox"/> Motivated
<input type="checkbox"/> Tolerated	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Well organized	<input type="checkbox"/> Artistic
<input type="checkbox"/> Athletic	<input type="checkbox"/> Responsible	<input type="checkbox"/> Needs discipline	<input type="checkbox"/> Defiant
<input type="checkbox"/> Silly	<input type="checkbox"/> Immature	<input type="checkbox"/> Mature	<input type="checkbox"/> Enjoys school
<input type="checkbox"/> Dislikes school	<input type="checkbox"/> Self directed	<input type="checkbox"/> Catches on easily	<input type="checkbox"/> Needs to be challenged

Other:

Additional comments:

How would you describe this student's parents' outlook toward the student and school? (Check all that apply)

<input type="checkbox"/> Supportive	<input type="checkbox"/> Domineering	<input type="checkbox"/> Protective	<input type="checkbox"/> Indifferent
<input type="checkbox"/> Involved	<input type="checkbox"/> Encouraging	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

Additional comments:

Is there anything else you would like to share about this student?

Do you have any concerns about the success of this student in a nurturing and academically rigorous environment?

Thank you for your time and sincere evaluation of this student. Your recommendation will assist the Admissions Committee of Saint Patrick Catholic School. The information you provide will be considered confidential. If you have questions or comments, please contact the Director of Admissions at 213-0847.

SIGNATURE

SCHOOL

PRINTED NAME

GRADE TAUGHT

TELEPHONE

DATE