

SACRED HEART SCHOOL, COVINA
CONFIDENTIAL TEACHER RECOMMENDATION FORM
FOR TRANSITIONAL KINDERGARTEN (TK) APPLICANTS ONLY

If child does not currently attend school, please return this form with child's name and put N/A (non applicable) at the top of this page.

TO THE PARENT: As part of the admissions process at Sacred Heart School we must receive a candid assessment of the applicant if the child is currently enrolled in school. Please fill in the following information and give this form to your student's teacher. He or she will appreciate being given plenty of time to complete this form as well as an **addressed and stamped envelope** in which to mail it directly to Sacred Heart School to the attention of the principal.

NAME OF APPLICANT: _____
First Middle Last

Candidate for Transitional Kindergarten for the 2017-2018 school year.

School: **Sacred Heart School 360 W. Workman St., Covina, CA 91723**

TO THE TEACHER: This recommendation will remain confidential and will not become part of the student's permanent academic record. We sincerely appreciate your cooperation and candor as you provide us with necessary information to make informed admissions decisions for young children. Please return this form to the attention of the Principal, Sacred Heart School, as soon as possible.

Days child attends each week: M T W Th F ½ Day Full Day Extended Care

Compared to all the students at this age that you have taught, please check the most appropriate response for this child.

1. Attention Span

- Focuses and maintains attention over time
- Attends with occasional teacher redirection
- Easily distracted by noise or movement of others and requires frequent redirection

2. Task Persistence

- Persists and completes tasks independently
- Attempts task, with some encouragement
- Attempts task, after much encouragement
- Refuses to attempt/complete task

3. Degree of Independence

- Able to work on most tasks independently
- Requires occasional assistance to complete task
- Requires frequent assistance to complete task
- Needs constant supervision/guidance to complete task

4. Peer Relationships

- Works and/or plays well with others
- Friendly, but reserved
- Has difficulty interacting with peers

5. Attention to Directions in Teacher Directed Activities

- Listens carefully to entire directions
- Attends only to brief directions
- Plunges ahead after hearing only portion of directions

6. Comprehension of Directions in Teacher Directed Activities

- Rapid comprehension of most directions, given age expectations
- Understands after several repetitions
- After several repetitions, understands only partial directions
- Does not appear to comprehend most directions

7. Verbalization

- Speaks clearly and confidently
- Communicates ideas clearly
- Has difficulty expressing wants/needs
- Unable to communicate clearly
- Speech has sound substitutions

OVER->

8. Body Movement at Listening Times

- Sits quietly
- Some squirming
- Much movement
- Out of seat; body constantly in motion

10. Confidence

- Very sure of self
- Confident with things known, attempts new things without encouragement
- Reluctant to try new or difficult things
- Very uncertain; needs much encouragement

9. Response to Stress/Pressure

- Withdraws socially or emotionally
- Reacts physically
- React verbally
- Adapts slowly
- Copes well

11. When conflict arises, this child generally responds with:

- Defensive/Critical attitude
- Withdrawal/Avoidance
- Lack of cooperation
- Confrontation
- Openness to resolving conflict
- Peacemaking

Self Help Skills

- | | | |
|------------------------|--|--|
| Can dress self | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |
| Uses toilet unassisted | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |

Physical Development

- | | | |
|---|--|--|
| Small motor muscle control and coordination | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |
| Large motor muscle control and coordination | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |

Please comment on the individual strengths of this student: _____

Are there activities that appear difficult for this student: _____

Please comment on this student's emotional and social maturity: _____

Please comment on the likelihood of this student being successful in a challenging program: _____

Has this family been a supportive partner with the classroom teacher and school?: _____

Has the applicant's home environment been a positive force in his/her development? Please explain:

Do you have any questions or reservations about this student you would like to discuss with us?

If this student were to reapply to your school, would you grant acceptance? _____

Please check two of the following, if applicable:

(please refer to the appropriate party for the following information)

- _____ Parents/Guardians meet financial obligations.
- _____ Parents/Guardians have difficulty meeting financial obligations.
- _____ Parents/Guardians fail to meet financial obligations.

- _____ Parents/Guardians support school sponsored activities.
- _____ Parents/Guardians do not support school-sponsored activities.

Form completed by: _____
Name (please print) Title School Name

Signature: _____

Telephone Number: _____
(Where you may be reached during the day)

This form is to be mailed directly to:

**Principal
Sacred Heart School
360 W. Workman St.
Covina, CA 91723**

It may also be faxed to the Principal at (626)967-8836