

## Sacred Heart Catholic School Office of Admissions

# Pre-Kindergarten & Kindergarten Teacher Recommendation

Student's Name:	Date of Birth:
Applying to: <input type="checkbox"/> Pre-Kindergarten <input type="checkbox"/> Kindergarten	School year: <input type="checkbox"/> 2017-2018 <input type="checkbox"/> 2018-2019 <input type="checkbox"/> 2019-2020 <input type="checkbox"/> 2020-2021

Dear colleague,

The child listed above is applying for admission to Sacred Heart Catholic School. Our office finds candid evaluations quite helpful and appreciates your cooperation in giving as full an appraisal as possible for this student. These comments are especially important in determining the student's qualifications for acceptance. If you have additional comments, please attach a sheet or telephone the Vicki Flanagan, Elementary Principal, at (601) 583-8683. Thank you for your assistance. The parent's signature gives you permission to complete this form for us.

Sacred Heart Catholic School Office of Admissions

Parent's Signature	Date	Parent's Phone Number			
<b>LEARNING READINESS</b>	Excellent	Good	Average	Below Average	Poor
Fine Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory & Retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of Work & Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOCIAL &amp; EMOTIONAL DEVELOPMENT</b>	Excellent	Good	Average	Below Average	Poor
Cooperation with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-mannered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates easily from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>PARENTAL SUPPORT/ATTENDANCE</b>	Excellent	Good	Average	Below Average	Poor
Parents support classroom systems and expectations (i.e. arriving on time, follow through with school requests, pick-up on time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>This student demands an excessive amount of time for:</b>	Frequently	Sometimes	Seldom
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of months or years at your center/school. \_\_\_\_\_

To your knowledge, has the child ever been evaluated by a psychologist for concerns with learning, aggression, attention-span or any other issues?     Yes             No             Don't know

Has this child ever been sent home for behavioral problems at school/center?

Yes             No             Don't know

If yes, why? \_\_\_\_\_  
\_\_\_\_\_

If applying for **pre-kindergarten**, do you believe this child is developmentally ready for a full-day, structured preschool program?     Yes             No             Don't know

If applying for **kindergarten**, do you believe this child is academically and developmentally ready for a full-day kindergarten?     Yes             No             Don't know

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please print:**

Person completing this form: \_\_\_\_\_

Position: \_\_\_\_\_

Name of School: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail or fax completed form to:**

**Sacred Heart Catholic School**  
Office of Admissions  
608 Southern Avenue  
Hattiesburg, MS 39401  
Telephone: (601) 583-8683  
Fax: (601) 583-8684