



ST. GABRIEL'S CATHOLIC SCHOOL
 ENGAGING MINDS. INSPIRING VIRTUE.

CONFIDENTIAL TEACHER RECOMMENDATION: APPLYING FOR KINDERGARTEN

Applicant's Name: _____ For August _____

I waive my right of access and that of my child's to this recommendation form. I grant permission for the person completing this form to speak with an administrator from St. Gabriel's Catholic School.

Parent signature: _____

TO THE TEACHER:

If the parent signature appears above, this recommendation will remain confidential and will not become part of the student's permanent record. Your input is a vital part of our process. Please complete this form carefully and thoroughly.

How long have you known the student? _____

Days attend per week: _____ Full Day Half Day

What three (3) adjectives would you use to describe this student? _____

SOCIAL / EMOTIONAL DEVELOPMENT (please check appropriate box)	No Basis for Judgment	Rarely	Sometimes	Often	Nearly Always
Works and plays cooperatively					
Works independently					
Accepts responsibility					
Exhibits self-control					
Effectively communicates wants and needs					
Shows consideration for others					
Demonstrates a good attention span					

WORK HABITS / ATTITUDES (please check appropriate box)	No Basis for Judgment	Rarely	Sometimes	Often	Nearly Always
Shows initiative					
Listens attentively					
Follows directions					
Cares for materials					
Shows an active interest in classroom activities					
Stays on task					

ACADEMIC QUALITIES (please check appropriate box)	No Basis for Judgment	Rarely	Sometimes	Often	Nearly Always
Enjoys stories read aloud					
Recalls specific story details					
Uses age-appropriate vocabulary					
Communicates ideas effectively					
Recognizes differences in size, shape, and quantity					
Exhibits ability to count objects					

continued on reverse



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PHYSICAL DEVELOPMENT

(please check appropriate box)

No Basis for Judgment Rarely Sometimes Often Nearly Always

Demonstrates small muscle control/coordination					
Demonstrates large muscle control/coordination					
Uses appropriate language and vocabulary					
Uses appropriate speech articulation					

ADDITIONAL INFORMATION

(please check appropriate box)

No Basis for Judgment Rarely Sometimes Often Nearly Always

Parents cooperate					
Parents participate appropriately					

How does this child respond to frustration? _____

How does this child handle conflict with peers? _____

In what situations does this child become excitable, upset, or apprehensive? _____

List any special or unusual circumstances (positive or negative) that may be relevant to the student's performance in school.

In your opinion, will this child be ready for Kindergarten in August?

Definitely ready Ready with reservations (please comment) Not ready

Is there any additional information that can be better conveyed in a phone conversation? Yes No

TEACHER INFORMATION

Name of person completing this form (please print): _____

School Name: _____ Phone number : (____) _____

Signature: _____ Position: _____ Date: ____/____/____

We sincerely appreciate your cooperation and candor. To ensure your confidentiality, please return this form directly to St. Gabriel's Catholic School: 2500 Wimberly Lane, Austin, TX 78735