

## Letter of Recommendation for Kindergarten

Instructions to Parents: Please print your child's name in the space below and give this form to your child's current teacher.

\_\_\_\_\_

Student's Name

This student is applying for admission to **St. Mary of the Hills School**. This recommendation form provides a way of getting to know the child and is received with the awareness that young children are constantly changing and developing. Your candid evaluation of the applicant will be an invaluable assistance to the Admissions Committee. Be assured that your comments will be held in strict confidence. Thank you for your assistance.

<b>Social / Emotional Development</b>	Always	Sometimes	Seldom
Interacts respectfully with teachers			
Accepts adult limits			
General behavior is predictable and age appropriate			
Exhibits self-control			
Interacts comfortably with peers			
Engages in cooperative play with peers			
Is able to wait for a turn			
Accepts responsibility for own actions			
Transitions easily			
Takes care of personal needs/belongings			
<b>ACADEMIC DEVELOPMENT</b>			
Language			
Recognizes upper case letters			
Recognizes lower case letters			
Can associate sound with corresponding letter			
Recognizes own name in print			
Can say the alphabet without singing it			
Retells a simple story			
Is able to recall and recite a simple fingerplay or song			
Communicates effectively with age appropriate vocabulary and grammar			
Speaks clearly so that an adult can understand him/her			
<b>Mathematics</b>			
Identifies numerals (1-10) (1-20) (1-30)			
Identifies 8 colors			
Identifies basic shapes			
Can count out loud to 20			
Can count objects to ( 5) ( 10)			
Understands simple comparisons (is this bigger or smaller?)			
<b>SKILL DEVELOPMENT</b>			
Listens attentively and follows directions and rules			
Demonstrates ability to focus on task and problem solve			
Completes tasks in allotted time			
Works carefully and neatly			
Works well independently			
<b>PHYSICAL / MOTOR DEVELOPMENT</b>			
Can use scissors appropriately			
Holds a crayon correctly when coloring			
Uses age appropriate pencil grasp effectively when writing			
Can write first/last name ( __ upper case) ( __ lower case)			
Dresses him/herself with minimal assistance			
Demonstrates normal activity (overactive? lethargic?)			
Joins in outside play			
Can skip/hop/run			

**GENERAL COMMENTS**

How long have you know this child? \_\_\_\_\_

Does this child require additional adult attention and assistance? If so, please explain. \_\_\_\_\_

How does this child respond to adults?

Does this child exhibit separation anxiety? (Ex: Cries at drop-off/clings to parents, etc.)

Please comment on this child's unusual talents, interests, and/or individual needs.

Please list any fears this child might have (the dark, dogs, etc.)

Again, thank you for taking the time to complete this assessment. Please feel free to add any additional information that you feel would be helpful to the Admissions Committee.

_____	_____
Name	Position
_____	_____
School	School Phone Number
_____	_____
Signature	Date

Please return to:  
St. Mary of the Hills School  
Attn: Admissions  
250 Brook Road  
Milton, MA 02186