

## Letter of Recommendation for Pre-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.

	Always	Sometimes	Seldom
<b>Physical / Motor Development</b>			
Can complete a 10 to 12 piece puzzle			
Holds scissors correctly			
Holds a pencil or crayon correctly			
Runs, jumps and skips			
Can throw a ball			
Can catch a ball			
Walks up and down stairs (alternating feet)			
<b>Social Skills</b>			
Uses words instead of being physical when angry			
Speaks clearly so an adult can understand him/her			
Plays with other children			
Follows simple directions			
Expresses feelings and needs			
Use the bathroom by him/herself			
Waits his/her turn and shares			
Talks in sentences			
Asks questions about things around him/her			
Enjoys having books read to him/her			
Says "please" and "thank you"			
Can spend extended periods away from Mom and Dad			
<b>Academic Skills</b>			
Recognizes upper case letters			
Recognizes his/her name in print			
Tries to write his/her name			
Sings songs, fingerplays and rhymes			
Recognizes shapes (square, circle, triangle, rectangle)			
Can sort items by color, shape and size			
Understands concepts of words such as up, down, in, out			
Counts out loud from 1 to 10			
Recognizes numerals 1-5			
Recognizes five colors			
<b>Personal Information</b>			
Knows his/her full name			
Knows how old he/she is			
Knows his/her address and telephone number			

**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