



STUDENT RECOMMENDATION FORM - K/GRADE 1

Name of Student _____

Birthdate _____ Application for Grade _____

I have known this candidate _____ years/months

My relationship has been that of _____ Date _____

To the teacher or school director:

We appreciate your cooperation in completing this form. Fill in the circle that best describes the level of the child's development. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing.

SOCIAL DEVELOPMENT

	Usually	Sometimes	Seldom	Comments
Can be a friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Is supportive of peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Is comfortable with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Plays alone happily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cooperates in play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Shares well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Initiates play activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Is imaginative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Has the capacity to lead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Has the capacity to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

PHYSICAL DEVELOPMENT

	Outstanding	Age appropriate	Needs development
Small muscle control and coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large muscle control and coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PRE-ACADEMIC

SKILL DEVELOPMENT

	Usually	Sometimes	Seldom	Comments
Is attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Listens in a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Contributes to group discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Follows direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Works cooperatively with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Works cooperatively with teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Demonstrates ability to complete a task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Repeats classroom routines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Moves easily from one activity to another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Is curious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Is willing to try new activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Is a self starter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Enjoys new challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Exhibits problem solving abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Expresses ideas well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Uses materials purposefully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Additional Comments/Observations: _____

For children applying to First Grade, please describe the child's development of:

Parent cooperation and involvement with school

Have all financial obligations been met?

Please identify any special needs, including auditory and visual development.

Signature _____ Print or Type Name _____

School _____ Telephone Number _____

Please return this form to: **SAINT PATRICK'S SCHOOL, 4101 NORBECK ROAD, ROCKVILLE, MARYLAND 20853**
Or Fax to: **301-929-1474**

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