



**Independent School Recommendation Form
For Students Entering Grades Pre-K through 1**

Parent/Guardian: Please complete the top portion and submit the form to your child's current school to be completed by the child's current teacher or principal. This form must be returned to us directly by the child's current school.

Date: _____

Student Name: _____

Date of Birth: ____/____/____

Current Grade/Program: _____

Grade Applying for: _____

Current school: _____

Address: _____

Phone Number: _____

To: School Head/Principal or Teacher:

Thank you for completing this confidential evaluation, which is a critical part of our decision-making process. Please note that we consider the applicant's personal qualities to be as important as his/her academic abilities. The answers to the questions on this page are extremely important to us; we value your thoughtful and honest assessments and appreciate the time you are taking to fill out this form. **THESE RECOMMENDATIONS ARE STRICTLY CONFIDENTIAL.**

If the applicant were admitted to St. Martin of Tours School and left your school, your school would be losing

a student who...

- is an excellent addition to the school.
- fits in adequately with your student body.
- adds in some areas but detracts in others.
- brings significant challenges to school each day.

parents who ...

- are amazing supporters in every school aspect.
- are supportive, interested, and participate.
- at times are supportive, interested, and participate.
- are difficult to work with and uninterested.

ACADEMICS – Please check the appropriate box.

FOR THE GRADE LEVEL	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	APPROACHING EXPECTATIONS	NOT APPROACHING EXPECTATIONS	NOT APPLICABLE
Reading					
Writing					
Word Recognition					
Listening & Speaking					
Math					
Science					
Social Studies					

PHYSICAL DEVELOPMENT – Please check the appropriate box.

PHYSICAL DEVELOPMENT	ABOVE AVERAGE	AGE APPROPRIATE	NEEDS IMPROVEMENT
Small Muscle Control/Coordination			
Large Muscle Control/Coordination			
Speech Development (Articulation)			



Name of Student: _____

SOCIAL DEVELOPMENT – Please check the appropriate box.

SOCIAL DEVELOPMENT	USUALLY	SOMETIMES	SELDOM	COMMENTS
Shows Self-Control				
Shows Independence				
Shows Curiosity				
Tries New Activities				
Responds Appropriately				
Expresses Feelings Appropriately				
Can Actively Participate				
Plays Cooperatively				
Can Resolve Conflicts				

PERSONAL QUALITIES – Please check the appropriate box.

PERSONAL QUALITIES	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Relationship with Teacher					
Relationship with Peers					
General Attitude					
Classroom Behavior					
Follows Classroom/School Rules					
Listens Well/Follows Directions					
Responsibility for Own Actions					
Respectfulness					
Problem Solving					
Caring/Empathy for Others					
Attendance					
Tardiness					

Please identify any special needs, including auditory and visual development: _____

Please share any other observations/information which you think would be helpful: _____

 Name of Teacher / Administrator Completing the Form

 Title

 Signature

 Date

Thank you for your time and cooperation in completing this form. You can fax back or mail in the form.