

Beginning School Recommendation Form



For children applying to 3PreK through Kindergarten

Note: 2PreK applicants are not required to provide recommendations

Applicant's Name _____ Applying for Grade _____

To the parent: Please complete the above lines and then give this form to the appropriate teacher at your child's current school or to your child's caregiver or to an adult who knows your child well. Provide that person with a stamped envelope addressed to:

Director of Admission
McCarthy Campus / Rowland Hall-St. Mark's School
720 Guardsman Way
Salt Lake City, Utah 84108

To the teacher/caregiver: The child named above is applying for admission to the Beginning School at RHSM. Your comments and evaluation of the child will be helpful to us in reaching an admission decision; however, they will be reviewed with the full awareness that young children are continuously developing. The information submitted will be considered confidential and will not become part of the child's school records.

Skill Development	Exceeds Age Expectations	Age Appropriate	Needs Development
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies letters/sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies and creates patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies numerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows and understands directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Social/Emotional Development	Exceeds Age Expectations	Age Appropriate	Needs Development
Interacts in a positive way with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts in a positive way with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays well alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles problems verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates easily from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Physical Development	Exceeds Age Expectations	Age Appropriate	Needs Development
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Please comment on each of the following regarding this child:

1. List the first four words that come to mind when you think of this child. _____

2. In your view, what are this child's particular strengths? _____

3. What are his or her favorite activities? _____

4. What are this child's greatest challenges? _____

5. How does this child show anger or frustration? _____

6. Describe this child's parents' involvement in the school. _____

7. Is there anything else we should know about this child that will help us form a complete portrait of him or her? _____

Mr. Mrs. Ms. Other _____

Name _____ Date _____

Home mailing address _____
street city state zip

Your relationship to child _____ School/Program _____ Grade level _____

Best phone number or email address to contact you for further information _____

Thank you for taking the time to thoughtfully evaluate this applicant.

