

OUR LADY OF MOUNT CARMEL SCHOOL

225 East Ashland Street
Doylestown, PA 18901

Kindergarten Recommendation Form

The following student has applied for admission to our Kindergarten program. Please complete this recommendation for him/her and return it to us in the envelope provided at your earliest convenience.

Thank you for your consideration.

Child's Name _____ Date of Birth _____

Name of Preschool Program _____

In what capacity and for how long have you known the applicant?

In your opinion, will the applicant be ready to participate in a developmental, full-day program in September?

Evaluation Key: G=Good, S=Satisfactory, NI=Needs Improvement

Respects self, peers and teachers	_____
Evidences responsibility	_____
Shows cooperation	_____
Follows directions	_____
Listens attentively	_____
Works independently	_____
Participates willingly	_____

(over)

- Adapts easily to changes or transitions _____
- Displays self control _____
- Completes tasks in a timely manner _____
- Interacts positively with peers _____
- Evidences large muscle development _____
- Evidences small muscle development _____
- Demonstrates neatness in daily work _____

Comments (optional):

Evaluator's Signature _____

Date _____