



2019-2020 STUDENT RECOMMENDATION

To be completed by the current teacher OR CAREGIVER

TO BE COMPLETED BY THE PARENT

Student Name _____ Applying for Grade _____

Parents/Guardians _____

I hereby give my permission for my child's teacher(s) to complete this form and forward it to Holy Family School. I understand that the information contained in this form will remain confidential.

Parent Signature _____ Date _____

TO BE COMPLETED BY THE TEACHER

The above-named child has applied for admission to Holy Family School kindergarten. We would appreciate your thoughtful evaluation of the student in the areas listed below to help us determine his/her readiness for our kindergarten program. Thank you for taking the time to complete this recommendation and return it by mail to Holy Family School no later than February 6, 2019.

Form Completed By _____ Title _____

School Name _____ Address _____

Does the student have a diagnosis or learning challenge that impacts his/her performance?
___ Yes ___ No If yes, please explain on the back.

Does the student have special accommodations in the classroom? ___ Yes ___ No If yes, please explain on the back.

What are the first three words that come to mind when you think of this student? _____

Please complete the following assessment charts:

LANGUAGE DEVELOPMENT	Area of Strength	Age Appropriate	Progressing to Age Appropriate	Area of Concern
Articulates clearly				
Follows conversations and responds appropriately				
Exhibits a growing vocabulary				
Listens attentively				
Follows instructions				
Follows multi-step directions				

SOCIAL/EMOTIONAL/INTELLECTUAL DEVELOPMENT	Area of Strength	Age Appropriate	Progressing to Age Appropriate	Area of Concern
Separates from parent(s)/caregiver(s)				
Communicates ideas, needs, and feelings appropriately				
Shows empathy and care for others				
Demonstrates the capacity to form friendships				
Demonstrates the ability to share				
Understands/follows social cues				
Participates in group activities				
Accepts limits and redirection				
Transitions appropriately between activities				
Tolerates frustrations				
Exhibits problem solving skills				
Uses classroom materials respectfully and purposefully				
Demonstrates an appropriate attention span				
Completes one task before starting another				
Follows classroom routines				

PHYSICAL AND PERSONAL DEVELOPMENT	Area of Strength	Age Appropriate	Progressing to Age Appropriate	Area of Concern
Fine motor coordination (puzzles, lacing, scissors, etc.)				
Uses appropriate pencil grip				
Draws with detail				
Gross motor coordination (climbing, hopping, etc.)				
Has sense of body in classroom and outdoor space				
Demonstrates an ability to self regulate/control impulses				
Dresses self (puts on/takes off sweaters, shoes, etc.)				
Responsible for personal belongings				
Is willing to participate in cleanup activities				
Participates in outdoor group activities				
Demonstrates independence and self-reliance				
Demonstrates writing stamina				

I recommend this student ___ enthusiastically ___ with confidence ___ with reservations ___ not at all

I would like a telephone conference to provide further information. ___ Yes ___ No

Best time to call _____ Phone number _____

Teacher's Signature _____ Date _____

Please return this completed form to the following address by February 6.

Holy Family Parish School
 Attn: Admissions
 7300 120th Avenue N.E., Kirkland, WA 98033



PRINCIPAL/DIRECTOR RECOMMENDATION FORM

TO BE COMPLETED BY THE PARENT

I give my permission for the Principal/Director to provide the following information to Holy Family School

for _____
Name of Applicant Parent Signature

TO BE COMPLETED BY THE OFFICE OF THE PRINCIPAL/DIRECTOR

Please complete this confidential information as accurately as possible and sign at the bottom of this page. Along with this form please send a copy of the student's official transcript/permanent record, standardized test scores, report cards from the preceding two years (if applicable) and grades/progress reports from the current year. This form is due to Holy Family School by Wednesday, February 6.

Name of person completing form _____

Position _____ Email _____

School _____ Phone (_____) _____

How many years has the applicant attended your school?

This year, how many times has the applicant been absent? _____ Tardy? _____

How many discipline referrals has this student received? _____ Suspensions? _____

Does the applicant's family meet contractual obligations in a timely fashion?

_____ Always _____ Mostly _____ Rarely

Are the parents/guardians actively involved in the school community?

_____ Always _____ Mostly _____ Rarely

Do the parents/guardians demonstrate respect for all members of the school community?

_____ Always _____ Mostly _____ Rarely

COMMENTS

I would like a telephone conference to provide further information: Yes No

Best time to call _____ Phone number to call _____

Principal's Signature _____ Date _____

Please return this completed form to the following address by February 6.

Holy Family Parish School
Attn: Admissions
7300 120th Avenue N.E., Kirkland, WA 98033