



**Letter of Recommendation for Kindergarten**

Instructions to Parents: Please print your child's name in the space below and give this form to your child's current teacher.

Student's Name \_\_\_\_\_

This student is applying for admission to **Saint Paul School**. This recommendation form provides a way of getting to know the child and is received with the awareness that young children are constantly changing and developing. Your candid evaluation of the applicant will be an invaluable assistance to the Admissions Committee. Be assured that your comments will be held in strict confidence. Thank you for your assistance.

| <b>Social / Emotional Development</b>                                | Always | Sometimes | Seldom |
|--|--------|-----------|--------|
| Interacts respectfully with teachers                                 |        |           |        |
| Accepts adult limits   |        |           |        |
| General behavior is predictable and age appropriate                  |        |           |        |
| Exhibits self-control  |        |           |        |
| Interacts comfortably with peers                                     |        |           |        |
| Engages in cooperative play with peers                               |        |           |        |
| Is able to wait for a turn   |        |           |        |
| Accepts responsibility for own actions                               |        |           |        |
| Transitions easily   |        |           |        |
| Takes care of personal needs/belongings                              |        |           |        |
| <b>ACADEMIC DEVELOPMENT</b>  |        |           |        |
| Language   |        |           |        |
| Recognizes upper case letters  |        |           |        |
| Recognizes lower case letters  |        |           |        |
| Can associate sound with corresponding letter                        |        |           |        |
| Recognizes own name in print   |        |           |        |
| Can say the alphabet without singing it                              |        |           |        |
| Retells a simple story   |        |           |        |
| Is able to recall and recite a simple fingerplay or song             |        |           |        |
| Communicates effectively with age appropriate vocabulary and grammar |        |           |        |
| Speaks clearly so that an adult can understand him/her               |        |           |        |
| <b>Mathematics</b>   |        |           |        |
| Identifies numerals (1-10 ___) (1-20 ___) (1-30 ___)                 |        |           |        |
| Identifies 8 colors  |        |           |        |
| Identifies basic shapes  |        |           |        |
| Can count out loud to 20   |        |           |        |
| Can count objects to (___ 5) (___ 10)                                |        |           |        |
| Understands simple comparisons (is this bigger or smaller?)          |        |           |        |
| <b>SKILL DEVELOPMENT</b>   |        |           |        |
| Listens attentively and follows directions and rules                 |        |           |        |
| Demonstrates ability to focus on task and problem solve              |        |           |        |
| Completes tasks in allotted time                                     |        |           |        |
| Works carefully and neatly   |        |           |        |
| Works well independently   |        |           |        |
| <b>PHYSICAL / MOTOR DEVELOPMENT</b>                                  |        |           |        |
| Can use scissors appropriately                                       |        |           |        |
| Holds a crayon correctly when coloring                               |        |           |        |
| Uses age appropriate pencil grasp effectively when writing           |        |           |        |
| Can write first/last name (___ upper case) (___ lower case)          |        |           |        |
| Dresses him/herself with minimal assistance                          |        |           |        |
| Demonstrates normal activity (overactive? lethargic?)                |        |           |        |
| Joins in outside play  |        |           |        |
| Can skip/hop/run   |        |           |        |

**GENERAL COMMENTS**

How long have you know this child? \_\_\_\_\_

Does this child require additional adult attention and assistance? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

How does this child respond to adults?

\_\_\_\_\_

Does this child exhibit separation anxiety? (Ex: Cries at drop-off/clings to parents, etc.)

\_\_\_\_\_

Please comment on this child's unusual talents, interests, and/or individual needs.

\_\_\_\_\_

Please list any fears this child might have (the dark, dogs, etc.)

\_\_\_\_\_

Again, thank you for taking the time to complete this assessment. Please feel free to add any additional information that you feel would be helpful to the Admissions Committee.

\_\_\_\_\_

|           |                     |
|-----------|---------------------|
| _____     | _____               |
| Name      | Position            |
| _____     | _____               |
| School    | School Phone Number |
| _____     | _____               |
| Signature | Date                |

Please return to:  
Saint Paul School  
18 Fearing Road  
Hingham, MA 02043