



Inspiring Student Excellence; Rooted In Catholic Tradition

CONFIDENTIAL TK-K RECOMMENDATION FORM

Dear Parent, Please read and sign the below statement:

I acknowledge that I waive my right to read this Confidential School Recommendation for the above-mentioned student, once completed by the current and or previous teacher.

Name of Parent/Guardian

Signature

Date

Student's Full Name: _____

Current Grade: _____

Social Development	Below desired behaviors	Approaching desired behaviors	Meeting desired behaviors
Enjoys going to school			
Can be a friend			
Is supportive of peers			
Plays along happily			
Cooperates in Play			
Shares well			
Initiates play activities			
Has the capacity to lead			
Has the capacity to follow			
Can solve conflicts without adult			
Accepts responsibility for behavior			

Approach to Learning	Below desired behaviors	Approaching desired behaviors	Meeting desired behaviors
Is curious			
Is attentive			
Listens in a group			
Follows directions			
Works cooperatively			
Respects classroom routine			
Transitions well between activities			
Works successfully in a group setting			
Works independently with success			
Is willing to try new activities			
Works with confidence			
Participates in learning			
Exhibits self control in the classroom			

Skills Readiness	Below desired behaviors	Approaching desired behaviors	Meeting desired behaviors
Coloring /Scissor skills			
Gross motor skills			
Able to complete tasks			
Knows basic colors			
Knows basic shapes			
Knows letter names			
Recognizes numbers 1-15			
Uses pencil correctly			
Speech /Language development			
Listening skills			

Does the child have any physical, academic, or emotional concerns of which you are aware?

Has the child received special services in speech, counseling, special education, etc?

Have you made any recommendations for the child to receive special services in speech, counseling, special education, etc.?

Please add additional comments or specific areas of concern that would aid us in meeting the needs of this student

Please promptly return this form directly to: St. Nicholas Catholic School
 ATTN: Admissions
 12816 El Monte Road, Los Altos Hills, CA 94022

Name: _____ School: _____

Signature: _____ Date: _____

May we contact you regarding this recommendation letter? Yes _____ No _____

Phone: _____ Email: _____

For questions, please contact the Admissions Office at (650) 941-4056 x203 Or email: stacyfrench@stnicholaslah.com or stnicholasadmin@stnicholaslah.com