



**IMMACULATE HEART OF MARY SCHOOL
TEACHER RECOMMENDATION FORM
PRE- KINDERGARTEN-FIRST GRADE**

Name of Student _____ Date _____

School Attending _____ Current Grade _____

I hereby authorize the release of all records and information requested below. I also give IHM School permission to contact my child's current teacher for additional input.

Signature of Parent or Guardian _____

Parent or Guardian: Please complete the above section and give this form to your child's current teacher.

Teacher,

Thank you for taking your valuable time to complete this evaluation.

All information will be held in confidence and only disclosed to members of the admissions committee.

Length of time in this school _____ Full day ___ Half day ___ Class Size _____

How long have you known the student and his/her family? _____

Has this student ever been virtual for more than a couple weeks while currently enrolled? Yes No

Does student have a satisfactory attendance/tardy record? Yes No

If no, Explain: _____

Please check one:

All

Some

None

Student recognizes letters

Student writes letters

Student knows letter sounds

Student knows basic colors

Student knows basic shapes

Student recognizes numbers to: _____ Student writes numbers to: _____

Reading series: _____ Level _____ Is the student reading? Yes No

Math series: _____ Level _____

In your opinion, does this student need individual tutoring in: **Reading?** Yes No **Math?** Yes No

What is the student's maturity level? Young Average Advanced

In relation to other students, how much of your personal time and attention does this student require?

Significantly more More Average Less Significantly less

Is this student potty trained? Yes No

Has the student had potty accidents at school? Yes No

If Yes, less than 3 incidents? _____ More than 3 incidents? _____ Urine _____ Stool _____ Both _____

Student's Name _____

Do the parents have a realistic picture of their child's ability? Yes No Sometimes

What is the attitude of the parents in general? Negative Neutral Positive

Explain _____

What is the parents' degree of involvement in the school? Not Involved Right Amount Too Involved

Explain _____

Are the parents cooperative with school policies and teacher's suggestions? Uncooperative Cooperative

Explain _____

Does the student have any physical difficulties that affect the student's progress? Yes No

Explain _____

Does the student have any learning difficulties that affect the student's progress? Yes No

Explain _____

Does the student have any emotional difficulties that affect the student's progress? Yes No

Explain _____

Does the student have any social difficulties that affect the student's progress? Yes No

Explain _____

Does the student have any behavioral difficulties that affect the student's progress? Yes No

Explain _____

Does the student have any language barriers that affect the student's progress? Yes No

Explain _____

Does the student have any family situations that affect the student's progress? Yes No

Explain _____

Has this student been recommended for or is currently receiving any of the following? Speech Therapy
 Psychological Evaluation Play Therapy Occupational Therapy ESOL Not Aware of any needs

If anything was checked, please explain: _____

Student's Name _____

Please evaluate the student in the following areas:

Readiness:	Excellent	Good	Average	Below-Average	Poor
Attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehension (understands school vocabulary)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retains information (memory)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to sit during circle time for 10 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listens attentively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coloring (crayons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cutting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral:					
General attitude toward school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to cope with stress (frustration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to wait his/her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibits self-control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social:					
Respects personal space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Considerate of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to play/work in a group w/o adult assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abides by rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shares willingly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any additional information you wish to share with us regarding the child? Please do so on the lines below.

I recommend this student? Enthusiastically With Confidence With Reservation Not at All

Thank you for your evaluation of this student. Your observations are an important part of the application process.

Evaluator's Name (please print): _____ Phone: _____ Email: _____

Evaluator's Signature: _____ Title: _____ Date: _____

Please send this form and all information by email: admissions@ihmschool.org, fax: 404-636-1853, or by mail to:

Immaculate Heart of Mary School
Attn: Admissions Director, Meaghan Schroeder
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Atlanta, GA 30329