



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

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? _____

In what capacity are you engaging with the student- virtual, hybrid, or in-person? Please also note if the format changed during the course of the year. _____

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

Explain: _____

| Please check one: | All | Some | None |
|--------------------------------------|-----------------------|-----------------------|-----------------------|
| Student recognizes letters & numbers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Student writes their name | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Student knows basic colors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Student knows basic shapes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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 _____

Are you aware of any educational/psychological tests administered to the student? Enclose copies (if possible).

Explain _____

Has this student been evaluated for Speech Therapy? Yes No Unknown

Explain _____

Has this student been evaluated for Occupational Therapy? Yes No Unknown

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"/> |
| 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"/> |
| 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.

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: pre-k@ihmschool.org, fax: 404-636-1853, or by mail to:

Immaculate Heart of Mary School
Attn: Admissions Director, Meaghan Schroeder
2855 Briarcliff Road, NE
Atlanta, GA 30329