



CHRIST the
REDEEMER
Catholic School

11511 Huffmeister Road
Houston, TX. 77065
Main: 281-469-8440 • Fax: 281-894-9669
registrar@ctrschool.com

RECOMMENDATION (Pre-school and Kindergarten)

To be filled out by applicant:

Name of Applicant: _____ Applying to grade: _____

(Name of referring school) _____ has my permission to answer the questions below and email (or mail) this information to Christ the Redeemer Catholic School at the above address.

Signature(s) of Parent/Guardian

Date

To be filled out by recommending school personnel (or parent/guardian if child has not been previously enrolled in school/daycare):

Name of School: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Name of the Principal/Director: _____

Principal/Director or Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

How long and in what capacity have you known the applicant? _____

| LANGUAGE/COMMUNICATION SKILLS: | OUTSTANDING | SATISFACTORY | BELOW AVERAGE | POOR | NO BASIS FOR JUDGMENT |
|------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Articulates words | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds appropriately during group activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sequences events | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaks in complete sentences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses appropriate vocabulary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NON-VERBAL & PHYSICAL DEVELOPMENT: | OUTSTANDING | SATISFACTORY | BELOW AVERAGE | POOR | NO BASIS FOR JUDGMENT |
| Ability to classify | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|----------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Fine motor (hand-eye coordination, zips, buttons, stacks, cuts, hand-dominance, pencil grip) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gross motor (balance, movement through space) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Left-right orientation/awareness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Observant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organizational skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognition of patterns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spatial awareness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual sequencing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

| WORK SKILLS: | CONSISTENTLY | USUALLY | OCCASIONALLY | RARELY |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Works well in a group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works well independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a good attention span | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completes assignments on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eager & curious about learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reacts well to criticism/setbacks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

| SOCIAL/EMOTIONAL DEVELOPMENT: | | | | |
|------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|
| Eye contact | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Flexibility/adaptable | <input type="checkbox"/> Transitions easily | <input type="checkbox"/> Usually transitions easily | <input type="checkbox"/> Occasionally inflexible | <input type="checkbox"/> Excessive transition time |
| Interaction with adults | <input type="checkbox"/> Courteous | <input type="checkbox"/> Usually positive | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Relates poorly |
| Play behavior w/ peers | <input type="checkbox"/> Plays well | <input type="checkbox"/> Usually plays well | <input type="checkbox"/> Occasionally plays well | <input type="checkbox"/> Does not play |
| Respects authority | <input type="checkbox"/> Role model | <input type="checkbox"/> Usually listens and obeys | <input type="checkbox"/> Occasionally listens & obeys | <input type="checkbox"/> Defiant and/or disrespectful |
| Self-confidence | <input type="checkbox"/> Healthy self-image | <input type="checkbox"/> Needs some support | <input type="checkbox"/> Seems over-confident | <input type="checkbox"/> Poor self-image |
| Social problem solving | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Interaction with peers (check all that apply) | | | | |
| | <input type="checkbox"/> Role model | <input type="checkbox"/> Healthy relationships | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Relates poorly |
| | <input type="checkbox"/> Engages eagerly | <input type="checkbox"/> Quiet, but content & happy | <input type="checkbox"/> Initiates interaction once comfortable | <input type="checkbox"/> Rarely interacts w/ others |
| | <input type="checkbox"/> Positive leader | <input type="checkbox"/> Can follow or lead | <input type="checkbox"/> Leads on occasion | <input type="checkbox"/> Rarely leads |
| Temperament (check all that apply) | | | | |
| | <input type="checkbox"/> Joyful | <input type="checkbox"/> Even-tempered | <input type="checkbox"/> Variable moods | <input type="checkbox"/> Hostile/angry |
| | <input type="checkbox"/> Happy | <input type="checkbox"/> Content | <input type="checkbox"/> Nervous or withdrawn | <input type="checkbox"/> Bossy or aggressive |

Comments: _____

Areas in which the child excels: _____

Areas in which the child has the greatest needs: _____

Are absences excessive? Yes No Are tardies excessive? Yes No

If yes, please comment: _____

In your dealings with parents, what is their attitude toward their child's learning? How have they cooperated with school policies and teacher's suggestions?

Additional Comments:

Thank you for your cooperation and the extra time to fill in this form.

Signature of person completing this form

Date

Printed Name

Title/Position (include grade level for teachers)