

VCEA Accredited School

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**PRESCHOOL/KINDERGARTEN RECOMMENDATION FORM**  
**(CONFIDENTIAL)**

Name of Student: \_\_\_\_\_ (Please print)

Date: \_\_\_\_\_

Note: If you are applying for admission and your child is attending preschool or daycare, please have his/her teacher complete and return this form to St. Andrew the Apostle Catholic School as soon as possible. A child cannot be considered for admission without this completed form.

I have known this student \_\_\_\_\_ year(s). My relationship has been that of \_\_\_\_\_.

***To the Teacher or School Director:* We appreciate your cooperation in completing this form. The items below ask for your sense of this student's relationships within the school community, emotional and social growth, and intellectual development. Your insight will help us to get to know this child. We understand the difficulty in evaluating a student, and are fully aware that children are constantly growing, changing and developing. Thank you for your assistance.**

- **What are the first words that come to mind when asked to describe this candidate?**
  
- **What are the applicant's special interests?**

					<b>COMMENTS</b>
Overall Conduct	Good Conduct	Usually Good Conduct	Occasional Misconduct	Frequent Disruption	
Consideration for Others	Unusually Thoughtful	Usually Considerate	Inconsiderate	Unkind	
Social Relationships with Peers	Healthy Relationship	Has Occasional Minor Problems	Relates Poorly		
Leadership Ability	Excellent	Good	Average	Poor	
Emotional Maturity	Very Mature	Average	Somewhat Mature	Very Immature	
Self-confidence	Healthy Self-Image	Needs Some Support	Seems Overly Confident	Poor Self-image	
Sense of Responsibility	Responsible	Usually Responsible	Somewhat Responsible	Rarely Responsible	
Relationship with Adults	Is Comfortable	Avoids Contact	Is Dependent		
<b>PARTICIPATION IN GROUP ACTIVITIES</b>					
Small Group	Enthusiastic	Frequent	Occasional	Rare	
Large Group	Enthusiastic				

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>COMMENTS</b>
Self-motivation					
Organization of time & work					
Intellectual Curiosity					

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>COMMENTS</b>
Attention Span					
Ability to express ideas orally					
Ability to follow directions					
Ability to work independently					
Perseverance					
Attendance					
Parent Cooperation					
Parent Involvement in School Affairs					

We would appreciate additional comments and observations concerning the strengths, weaknesses, health or special needs of this student, or any other information that you think would be helpful. You may use a separate sheet of paper for further comments in any category.

Signature/Title

Print or type name

\_\_\_\_\_  
 School Name, Address,  
 City, State, and Zip Code

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
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