



St. Agnes Academy

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PK-4 & K TEACHER RECOMMENDATION

PREPRIMARY/KINDERGARTEN TEACHER RECOMMENDATION

Name _____

Entering: PK-4 _____

Kindergarten _____

This student has applied for admission to our school. The Principal will appreciate your comments on the following:

How long have you known/worked with this student? _____

What do you consider to be this child's strengths?

What do you consider to be this child's weaknesses?

Please evaluate the applicant in the following areas; this will enable us to choose the most developmentally appropriate program for this student.

	OFTEN	SOMETIMES	SELDOM
<u>SOCIAL DEVELOPMENT</u>			
Displays self control	_____	_____	_____
Follows school rules	_____	_____	_____
Accepts and respects school authority	_____	_____	_____
<u>PHYSICAL DEVELOPMENT</u>			
Displays gross motor coordination (running, jumping, skipping, throwing, etc.)	_____	_____	_____
Displays fine motor coordination (cutting, pasting, coloring, tracing, etc.)	_____	_____	_____
Manages bathroom needs independently	_____	_____	_____
Exhibits sufficient stamina	_____	_____	_____
<u>WORK HABITS DEVELOPMENT</u>			
Has adequate attention span	_____	_____	_____
Listens effectively	_____	_____	_____
Completes tasks	_____	_____	_____
<u>CREATIVE DEVELOPMENT</u>			
Eager to explore art media	_____	_____	_____
Exhibits curiosity, interest	_____	_____	_____
Enjoys singing, rhythms, movement	_____	_____	_____

PLEASE COMPLETE REVERSE SIDE

“JOY is our call to action: Jesus first, Others second, Yourself last.”

LANGUAGE ARTS DEVELOPMENT

Speaks in complete sentences

OFTEN**SOMETIMES****SELDOM**

Contributes verbally to the group

Recognizes own name

Associates sounds with letters

Displays interest in books/stories

MATHEMATICS DEVELOPMENT

Matches and names colors

Matches and names basic shapes

Is able to count objects

0-5 (PK4) 0-10 (KDG)

Is able to identify numerals

0-5 (PK4) 0-10 (KDG)

Counts by rote

0-5 (PK4) 0-10 (KDG)

To your knowledge has this student ever been referred to a counselor or a psychologist for psychological or educational evaluation? _____

If yes, please explain:

Please make any additional comments about any of the areas above:

If English is a second language, (circle: YES / NO) please indicate the degree of the student's ability to perform in an academic atmosphere where English is the primary language:

Your Name: _____ Signature: _____

Position: _____ Date: _____

School: _____ Telephone: _____

Thank you for your cooperation. Your recommendation will have a direct bearing on the application of this candidate and will be held in strict confidence.