



GREENWICH

CATHOLIC SCHOOL

TEACHER RECOMMENDATION FORM
PREKINDERGARTEN, KINDERGARTEN
AND FIRST GRADE

IF YOUR CHILD IS CURRENTLY ENROLLED IN A PRESCHOOL PROGRAM OR PLAYGROUP,
PLEASE SUBMIT THIS FORM FOR COMPLETION.

NAME OF STUDENT _____

DATE OF BIRTH _____

PLEASE CIRCLE THE APPROPRIATE ANSWER:

	AGE APPROPRIATE	COMMENTS
SEPARATES FROM PARENT WITH EASE	YES/NO	_____
MAKES NEEDS KNOWN	YES/NO	_____
PLAYS WELL WITH OTHER CHILDREN (EVEN PARALLELL PLAY)	YES/NO	_____
JOINS IN GROUP ACTIVITIES	YES/NO	_____
ENJOYS STORY TIME	YES/NO	_____
RELATES TO TEACHERS	YES/NO	_____

ADDITIONAL COMMENTS

NAME OF SCHOOL _____

TEACHER'S NAME _____ SIGNATURE _____

SCHOOL ADDRESS _____ DATE _____

PLEASE RETURN COMPLETED FORM TO
GREENWICH CATHOLIC SCHOOL ADMISSIONS
471 NORTH STREET, GREENWICH, CT, 06830