



## CONFIDENTIAL TEACHER RECOMMENDATION FORM

TO THE PARENT: As part of the admissions process at Holy Angels School we must receive a candid assessment of the applicant. The student's application will not be processed without this completed form. Please fill in the following information and give this form to your student's teacher. He or she will appreciate being given plenty of time to complete this form as well as a stamped envelope in which to mail it directly to Holy Angels School. Failure to complete file by **February 16<sup>th</sup>, 2018** will result in your child losing admission preference.

NAME OF APPLICANT

FIRST

MIDDLE

LAST

Candidate for Grade: \_\_\_\_\_ in September, 2017.

SCHOOL: Holy Angels School, 360 Campus Drive, Arcadia, CA 91007

TO THE TEACHER: This recommendation will remain confidential and will not become part of the student's permanent academic record. We sincerely appreciate your cooperation and candor as you provide us with necessary information to make informed admissions decisions for young children.

Days child attends each week:     M    T    W    Th    F         ½ Day    Full Day    Extended Care

Compared to all the students this age that you have taught, please check the most appropriate response for this child.

### 1. Attention Span

- Focuses and maintains attention over time
- Attends with occasional teacher redirection
- Easily distracted by noise or movement of others and requires frequent redirection

### 2. Task Persistence

- Persists and completes tasks independently
- Attempts task, with some encouragement
- Attempts task, after much encouragement
- Refuses to attempt/complete task

### 3. Degree of Independence

- Able to work on most tasks independently
- Requires occasional assistance to complete task
- Requires frequent assistance to complete task
- Needs constant supervision/guidance to complete task

### 4. Peer Relationships

- Works and/or plays well with others
- Friendly, but reserved
- Has difficulty interacting with peers

### 5. Attention to Directions in Teacher Directed Activities

- Listens carefully to entire directions
- Attends only to brief directions
- Plunges ahead after hearing only portion of Directions

### 6. Comprehension of Directions in Teacher Directed Activities

- Rapid comprehension of most directions, given age expectations
- Understands after several repetitions
- After several repetitions, understands only partial directions
- Does not appear to comprehend most directions

### 7. Verbalization

- Speaks clearly and confidently
- Communicates ideas clearly
- Has difficulty expressing wants/needs
- Speech has sound substitutions
- Unable to communicate clearly

### 8. Body Movement at Listening Times

- Sits quietly
- Some squirming
- Much movement
- Out of seat; body constantly in motion

9. Response to Stress/Pressure

- Withdraws socially or emotionally
- Reacts physically
- React verbally
- Adapts slowly
- Copes well

10. Confidence

- Very sure of self
- Confident with things known, attempts new things with encouragement
- Reluctant to try new or difficult things

Self Help Skills

- |                        |  |  |
|------------------------|--|--|
| Can dress self         | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |
| Uses toilet unassisted | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |

Physical Development

- |   |  |  |
|---|--|--|
| Small motor muscle control and coordination | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |
| Large motor muscle control and coordination | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |

11. When conflict arises, this person generally responds with:

- Defensive/Critical attitude
- Withdrawal/Avoidance
- Lack of cooperation
- Confrontation
- Openness to resolving conflict
- Peacemaking
- Very uncertain; needs much encouragement

Please comment on the individual strengths of this student: \_\_\_\_\_

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Are there activities that appear difficult for this student: \_\_\_\_\_

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Please comment on this student's emotional and social maturity: \_\_\_\_\_

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Please comment on the likelihood of this student being successful in a challenging program: \_\_\_\_\_

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Has this family been a supportive partner with the classroom teacher and school?: \_\_\_\_\_

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Has the applicant's home environment been a positive force in his/her development? Please explain: \_\_\_\_\_

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Please list extraordinary health problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any disabilities, which could affect the applicant's performance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any questions or reservations about this student you would like to discuss with us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this student were to reapply to your school, would you grant acceptance? \_\_\_\_\_  
\_\_\_\_\_

Please check applicable: (please refer to the appropriate party for the following information)

- Parents/Guardians meet financial obligations.
- Parents/Guardians have difficulty meeting financial obligations.
- Parents/Guardians fail to meet financial obligations.
- Parents/Guardians support school sponsored activities.
- Parents/Guardians do not support school-sponsored activities.

Form Completed by:

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
CONTACT PHONE #

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER (WHERE YOU MAY BE REACHED DURING THE DAY)