



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)