

Phone: (760) 346-3513 * Fax: (760) 773-0673 * www.sacredheartpalmdesert.com

FIRST GRADE RECOMMENDATION FORM

Students entering First Grade in Fall 2022

Child's	Name			Date of Birth		
Name	of Current School					
Schoo	l address					-
City			S	tate	Zip	
To the	Kindergarten teache	r:				
presch comple	nool. The information ete this recommendation	requested will n. We apprecia	operation in be kept in ate your pro	n giving an appra strict confident ofessional observ	on to Sacred Heart School for isal of this child's performance. Thank you for taking the ations. Please mail or brinulm Desert, CA 92253.	ice in time to
The pa	arents of this child give	permission for ι	ıs to receiv	e your recomme	ndation.	
Paren	t/Guardian Signature			Date		
A. B.	Physical development (please circle is Large motor skill development Fine motor skill development Emotional development (please circle is 1. Personality confident		good good	average average	needs more time needs more time	
		assertive quiet pleasant		nervous tense friendly	distractible shy cooperative	
	2. Behavior	enthusiastic responsive		sharing self confident	receptive hostile	
	3. Moods	contented angry happy		even tempered withdrawn outgoing	controlled sullen	
C.	is curious is persistent	is persistent listens atte		dently	criptions that apply) focuses on work shares with others cooperates with others	
D.	Communication (please circle all de Uses rich vocabulary Speaks clearly			tions that apply) responds to what others are saying others		

E.	Social Development (please circle all General behavior follows rules exhibits independence shares with others demonstrates possessiveness enters into suggested activities is comfortable with adults is comfortable with peers has control with toilet habits	Play behavior interacts with peers positively plays alone takes the lead initiates activity			
F.	This student is (please circle all descriptions that apply) self-motivated well organized regular in attendance cooperative with school program				
G.	The parents are (please circle all descriptions that apply) cooperative with school consistent with discipline interested in education have realistic expectations for their child				
H.	Is this child receiving support service Speech Counseling	es? (please circle all descriptions that apply) Hearing Other? Please indicate			
I.	What do you consider to be this student's greatest strength?				
J.	In your judgment, what are the areas	of greatest need in this student?			
K.	Please check one of the following:				
	I highly recomme	ndI recommend with reservation			
	I recommend	I do not recommend at this time			
L.	Additional comments:				
Teac	ner's Signature:	Date:			
ı caul	ioi o dignataro.	Date			