



Dear Teacher/Director,

We appreciate your help in completing this form. It provides a way for us to get to know each child as they apply to our school. We understand young children are constantly changing and growing. We know your spare time is scarce so we truly appreciate any time you take to complete the checklist and comments.

Name of Applicant _____ Date of Birth _____

I hereby waive my right to access this recommendation submitted on my behalf

_____ (Parent Signature)

CHILD'S DEVELOPMENT AND TEMPERAMENT

(Please check appropriate box)	Secure	Age Appropriate	Emerging	Not Yet Evident
Approaches new experiences eagerly				
Cooperates in play				
Shares				
Takes directions from adults				
Listens to others				
Exhibits self-control				
Appropriately self-directed				
Responds to adult direction				
Flexible and adaptive				
Exhibits appropriate sense of humor				
Initiates play with others				
Plays alone happily				
Capacity for leadership				
Capacity for followership				

Comments on the above



CHILD AS A LEARNER

(Please check appropriate box)	Secure	Age Appropriate	Emerging	Not Yet Evident
Follows classroom rules and routines				
Is attentive				
Exhibits self-control				
Manages classroom transitions				
Shows curiosity as a learner				
Expresses self clearly and well				
Demonstrates ability to focus on one task				
Participates appropriately at group time				
Works cooperatively with peers				
Demonstrates creativity and inventiveness				
Exhibits problem solving skills				
Keeps trying when something is difficult				
Takes initiative				
Enjoys a new challenge				
Uses materials purposefully and respectfully				
Follows multi-step directions				
Applies past learning to new situations				
Speech articulation				
Speech language and vocabulary				

Comments on the above



Physical Development

(Please check appropriate box)	Strong	Age Appropriate	Needs Development
Fine motor control/coordination			
Gross motor control/coordination			

Comments on the above

What are the first three words that come to mind when describing this child?

Please describe the child's general mood and temperament.

Please describe anything unusual or exceptional about this child.

Please share any additional comments that you think might be helpful as we get to know this child. _____

I have known this child for _____ years _____ months

Evaluator's Name and Title _____

Days per week enrolled _____ Size of Group _____

Date of Evaluation _____

School _____



To the Parent/Guardian

Please sign and date this form and submit the recommendation to your child's current pre-school teacher.

I hereby give permission to release the information requested by Marquette Catholic School.

Signature of parent or guardian _____

Print parent or guardian name _____

Date _____

Please mail recommendation forms and this release using provided envelope or seal and return to requesting parent.

**Marquette Catholic School
1519 S Quincy
Tulsa, OK 74120**