

# OUR LADY OF MOUNT CARMEL SCHOOL

225 East Ashland Street  
Doylestown, PA 18901

## Kindergarten Recommendation Form

The following student has applied for admission to our Kindergarten program. Please complete this recommendation for him/her and return it to us in the envelope that has been provided no later than April 11, 2018.

Thank you for your consideration.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Preschool Program \_\_\_\_\_

In what capacity and for how long have you known the applicant?

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In your opinion, will the applicant be ready to participate in a developmental, full-day program in September?

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Evaluation Key: G=Good, S=Satisfactory, NI=Needs Improvement

Respects self, peers and teachers	_____
Evidences responsibility	_____
Shows cooperation	_____
Follows directions	_____
Listens attentively	_____
Works independently	_____
Participates willingly	_____

(over)

- Adapts easily to changes or transitions \_\_\_\_\_
- Displays self control \_\_\_\_\_
- Completes tasks in a timely manner \_\_\_\_\_
- Interacts positively with peers \_\_\_\_\_
- Evidences large muscle development \_\_\_\_\_
- Evidences small muscle development \_\_\_\_\_
- Demonstrates neatness in daily work \_\_\_\_\_

Comments (optional):

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Evaluator's Signature \_\_\_\_\_

Date \_\_\_\_\_