



CONFIDENTIAL TRANSITIONAL KINDERGARTEN RECOMMENDATION FORM

TO THE PARENT/GUARDIAN: Please complete the following information before giving this form to your child's current teacher or Director of the preschool your child currently attends.

I/we understand that this form is confidential. We will not look at the form and we assure the person completing the form that we will not attempt to do so. The form should be sent to St. Brendan School directly.

We give permission to release the information on this form to Saint Brendan School to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent school record.

NAME OF APPLICANT: _____

Parent/Guardian Name (printed): _____

Relationship to student: _____ Phone #: _____

Signature: _____ Date: _____

TO THE PERSON COMPLETING THIS FORM: Please complete both pages of this form and place in a sealed envelope. Your comments will be held in strictest confidence. Thank you very much for your assistance and cooperation. Please check all that apply and include details as needed. We appreciate your time and input.

Table with 2 columns: Trait (e.g., Positive member of the classroom, Easily distracted) and Opposite Trait (e.g., Easily frustrated, Enjoys quiet time).

What other words come to mind when describing this child?

Comments:

Table with 5 columns: Social/Emotional Development, ALWAYS, OFTEN, SOMETIMES, NEVER. Rows include: Separates easily from parents at drop off, Works and plays cooperatively, Responds positively to transitions, etc.

Comments:



Saint Brendan School

238 S. Manhattan Place, Los Angeles, CA 90004

Tel. 213-382-7401

APPROACH TO LEARNING	ALWAYS	OFTEN	SOMETIMES	NEVER
Follows classroom routines				
Tries new activities that are teacher-directed				
Makes transitions easily				
Needs teacher support to stay on task				

Comments:

LANGUAGE DEVELOPMENT	ALWAYS	OFTEN	SOMETIMES	NEVER
Speech is intelligible				
Understands and follows oral directions				
Understood by peers				
Is able to communicate ideas, feelings and needs				

Comments:

OTHER:	ALWAYS	OFTEN	SOMETIMES	NEVER
Toilets independently				
Responsible for personal belongings (lunchbox, coats)				
Is willing to participate in room clean-up				
Parents set limits with child				
Child responds to limits of parents				
Parents are respectful to teachers and school				
Parents are responsive to teacher feedback				
Parents contribute to preschool and classroom				
Parents support classroom systems and expectations (i.e. arriving on time, follows through with school requests, picks up on time)				
Parents agrees with your view of the child				

Comments:

Printed Name of Teacher: _____

Name of school: _____ School phone number: _____

Email address of Teacher (optional): _____

Signature (required): _____ Date: _____

We appreciate your time and effort. If you have any questions or concerns, please feel free to contact Saint Brendan School.