



# CONFIDENTIAL RECOMMENDATION FORM: GRADES JK-2

*I/We give permission for the evaluator to release the information on this form to Saint Edmond's Academy. I/We understand that we will not have access to this confidential information and that it will not become part of our child's permanent record.*

First Parent/Guardian Signature \_\_\_\_\_

Second Parent/Guardian Signature \_\_\_\_\_

Name of Student \_\_\_\_\_ has applied for grade \_\_\_\_\_

***To the Evaluator: Please complete both sides of this form and forward it directly to Saint Edmond's Academy. Your comments will be held in strictest confidence. The Academy appreciates your cooperation and assistance.***

How long have you known the candidate and in what connection? \_\_\_\_\_

## Social/Emotional Development

	Exceeds Age Expectations	Age Appropriate	Needs Development	Not Observed
Personal Care Skills (bathroom, lunch, dress)				
Cooperates with peers and teachers				
Initiates play activities				
Shares with others				
Uses imagination				
Demonstrates leadership potential				
Able to follow others' leadership				
Exercises curiosity				
Works independently				
Uses materials purposely				
Responds well to correction				

Comments: \_\_\_\_\_

## Physical Development

	Exceeds Age Expectations	Age Appropriate	Needs Development	Not Observed
Small muscle control and coordination				
Large muscle control and coordination				
Speech Development				
Stamina				
Pencil grip				

Comments: \_\_\_\_\_

## Academic/Skill Development

	Exceeds Age Expectations	Age Appropriate	Needs Development	Not Observed
Is attentive				
Listens in a group				
Contributes to discussions				
Follows directions				
Works cooperatively				
Completes tasks				
Can focus on one task				
Follows classroom routines				
Transitions easily from one task to another				
Is self-motivated				
Demonstrates problem solving abilities				
Expresses thoughts well				

Comments: \_\_\_\_\_

Please comment on this child's personal responsibility: \_\_\_\_\_

\_\_\_\_\_

Please comment on this child's integrity: \_\_\_\_\_

\_\_\_\_\_

Please comment on this child's sense of independence: \_\_\_\_\_

\_\_\_\_\_

Please comment on this child's self-image: \_\_\_\_\_

\_\_\_\_\_

Please comment on this child as a member of your learning community: \_\_\_\_\_

\_\_\_\_\_

*For First and Second grade applicants, please comment on:*

*Reading skills* \_\_\_\_\_

\_\_\_\_\_

*Math skills* \_\_\_\_\_

\_\_\_\_\_

To your knowledge, are the parents in agreement with your view of the student?  Yes  No  Don't Know

May we contact you for further information?  Yes  No

Evaluator's Name \_\_\_\_\_ Position \_\_\_\_\_

School Name \_\_\_\_\_ Telephone \_\_\_\_\_

School Address \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to complete this evaluation. Please mail or fax to:  
 Saint Edmond's Academy, Admission Office, 2120 Veale Rd., Wilmington, DE 19810, fax: 302-475-0913