SAINT LOUIS
COVENANT SCHOOL

SCHOOL/CARE PROVIDER RECOMMENDATION FORM
For Students Applying for PK3 through First Grades

Name of Applicant: _____
Date of Birth: _____ **Applying for (please circle one): PK3 PK4 K 1ST**
First Language Spoken: _____ **If Bilingual, list language:** _____

E=Excellent G=Good A=Average B=Below Average N=Not Assessed N/A= Not Applicable

Cognitive Development

_____Concentrates on task and pays attention
_____Follows directions for games and activities
_____Recalls information previously taught
_____Identifies colors and shapes
_____Listens to stories (min. 10 minutes in length) attentively/purposefully
_____Identifies letters and sounds (alphabetic principle)
_____Identifies numbers
_____Shows curiosity
_____Takes initiative
_____Shows persistence

Communication, Language Development and Literacy

_____Speaks in complete sentences
_____Repeats songs and finger plays
_____Initiates conversations with others
_____Responds/reacts using words
_____Contributes verbally within small group settings
_____Expresses ideas
_____Word recognition skills
_____Motivation to read

Social and Emotional Development

_____Plays well with others
_____Takes turns/shares appropriately
_____Exhibits a sense of self-control
_____Independent in helping self
_____Separates from parent easily
_____Reacts appropriately to successes and failures
_____Expresses frustration verbally/adequately
_____Forms friendships/positive relationships with peers
_____Understands and follows routines and classroom rules
_____Exhibits problem-solving skills in social interaction/actively engages in problem solving
_____Adapts to change
_____Exhibits problem-solving
_____Actively engages in play

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Motor Development

_____Strings beads
_____Works on 8 to 10-piece puzzles successfully
_____Holds crayon appropriately
_____Runs/climbs at playground time
_____Demonstrates age-appropriate eye-hand coordination and manual dexterity
_____Demonstrates age-appropriate coordination and control of large muscles (walk/run)
_____Claps along with music played
_____Expresses him/herself through creative movement

School/Care Provider Comments:

_____
_____
_____
_____

School Name: _____
School Address: _____
Printed name of person completing this form: _____
Title of person completing this form: _____
Contact phone number: _____
Contact email address: _____

Signature: _____

Please mail and/or e-mail the completed evaluation to:
Saint Louis Covenant School, 7270 SW 120 Street, Pinecrest, Florida 33156
Attention: Admissions
Telephone: 305-238-7562 Ext. 1000
E-mail: vmarger@stlcatholic.org

**IMPORTANT NOTE: In order for this completed Recommendation Form to be considered official, form must be received by Saint Louis Covenant School directly from the current School/Care Provider. Thank you for your cooperation. **