



SAINT RAPHAEL CATHOLIC SCHOOL

5815 FALLS OF THE NEUSE ROAD

RALEIGH, NORTH CAROLINA 27609

919.865.5750 FAX 919.865.5751

WWW.SAINTRAPHAELSCHOOL.ORG

CONFIDENTIAL KINDERGARTEN RECOMMENDATION

Thank you for your honest evaluation of the student as we assess his/her academic, social, emotional, and physical development. This evaluation is confidential and useful in the application process for kindergarten at Saint Raphael Catholic School. Please return the completed form to the above address or fax it directly to the school office.

STUDENT NAME _____

SCHOOL NAME _____ GRADE/CLASS _____

DATES OF ATTENDANCE _____

Personal/Social Development	Excellent	Good	Fair	Poor
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development	Excellent	Good	Fair	Poor
Fine Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Habits	Excellent	Good	Fair	Poor
Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Skills	Excellent	Good	Fair	Poor
Letter Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attendance	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Punctuality	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

Continued on reverse.

STUDENT NAME _____

What is your overall evaluation of this student in terms of strengths and weaknesses?

Please leave any additional candid feedback here. If you prefer, call Nicole Nesheim, assistant principal, at 919.865.5756.

RECOMMEND RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

PRINT TEACHER NAME

DATE

SIGNATURE