



# 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 \_\_\_\_\_

<b>Personal/Social Development</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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"/>

<b>Physical Development</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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"/>

<b>Work Habits</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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"/>

<b>Academic Skills</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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"/>

<b>Attendance</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<b>Punctuality</b>	<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 Joseph Whitmore, principal, at 919.865.5760.**

RECOMMEND       RECOMMEND WITH RESERVATIONS       DO NOT RECOMMEND

\_\_\_\_\_  
PRINT TEACHER NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE