



**IMMACULATE HEART OF MARY SCHOOL  
TEACHER RECOMMENDATION FORM  
KINDERGARTEN AND FIRST GRADE**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

School Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

I hereby authorize the release of all records and information requested below. I also give IHM School permission to contact my child's current teacher for additional input.

Signature of Parent or Guardian \_\_\_\_\_

*Parent or Guardian: Please complete the above section and give this form to your child's current teacher.*

**Teacher,**

**Thank you for taking your valuable time to complete this evaluation.**

**All information will be held in confidence and only disclosed to members of the admissions committee.**

Length of time in this school \_\_\_\_\_ Full day \_\_\_ Half day \_\_\_ Class Size \_\_\_\_\_

How long have you known the student and his/her family? \_\_\_\_\_

Does student have a satisfactory attendance/tardy record?  Yes  No

Explain: \_\_\_\_\_

**Please check one:**

**All**

**Some**

**None**

Student recognizes letters

Student writes letters

Student knows letter sounds

Student knows basic colors

Student knows basic shapes

Student recognizes numbers to: \_\_\_\_\_

Student writes numbers to: \_\_\_\_\_

Reading series: \_\_\_\_\_

Level \_\_\_\_\_ Is the student reading? \_\_\_\_\_

Math series: \_\_\_\_\_

Level \_\_\_\_\_

In your opinion, does this student need individual tutoring in: **Reading?**  Yes  No **Math?**  Yes  No

What is the student's maturity level?  Young  Average  Advanced

In relation to other students, how much of your personal time and attention does this student require?

Significantly more  More  Average  Less  Significantly less

Is this student potty trained?  Yes  No

Has the student had potty accidents at school?  Yes  No

If Yes, less than 3 incidents? \_\_\_\_\_ More than 3 incidents? \_\_\_\_\_ Urine \_\_\_\_\_ Stool \_\_\_\_\_ Both \_\_\_\_\_

**Student's Name** \_\_\_\_\_

Do the parents have a realistic picture of their child's ability?     Yes     No     Sometimes

What is the attitude of the parents in general?     Negative     Neutral     Positive

Explain \_\_\_\_\_

What is the parents' degree of involvement in the school?     Not Involved     Right Amount     Too Involved

Explain \_\_\_\_\_

Are the parents cooperative with school policies and teacher's suggestions?     Uncooperative     Cooperative

Explain \_\_\_\_\_

Does the student have any physical difficulties that affect the student's progress?     Yes     No

Explain \_\_\_\_\_

Does the student have any learning difficulties that affect the student's progress?     Yes     No

Explain \_\_\_\_\_

Does the student have any emotional difficulties that affect the student's progress?     Yes     No

Explain \_\_\_\_\_

Does the student have any social difficulties that affect the student's progress?     Yes     No

Explain \_\_\_\_\_

Does the student have any behavioral difficulties that affect the student's progress?     Yes     No

Explain \_\_\_\_\_

Does the student have any language barriers that affect the student's progress?     Yes     No

Explain \_\_\_\_\_

Does the student have any family situations that affect the student's progress?     Yes     No

Explain \_\_\_\_\_

Are you aware of any educational/psychological tests administered to the student? Enclose copies (if possible).

Explain \_\_\_\_\_

Has this student been evaluated for Speech Therapy?     Yes     No     Unknown

Explain \_\_\_\_\_

Has this student been evaluated for Occupational Therapy?     Yes     No     Unknown

Explain \_\_\_\_\_

Student's Name \_\_\_\_\_

Please evaluate the student in the following areas:

| <b>Readiness:</b>                                    | <b>Excellent</b>      | <b>Good</b>           | <b>Average</b>        | <b>Below-Average</b>  | <b>Poor</b>           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Attention span                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comprehension (understands school vocabulary)        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Retains information (memory)                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Works independently                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Follow directions                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to sit during circle time for 10 minutes     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Completes tasks                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Listens attentively                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gross motor development                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fine motor development                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Writing  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Coloring (crayons)                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cutting  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Behavioral:</b>                                   |                       |                       |                       |                       |                       |
| General attitude toward school                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cooperation  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Effort   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to cope with stress (frustration)            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to wait his/her turn                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exhibits self-control                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Social:</b>                                       |                       |                       |                       |                       |                       |
| Respects personal space                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relationship with peers                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Considerate of others                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to play/work in a group w/o adult assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Abides by rules                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shares willingly                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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*Is there any additional information you wish to share with us regarding the child? Please do so on the lines below.*

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*Thank you for your evaluation of this student. Your observations are an important part of the application process.*

Evaluator's Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this form and all information by email: [admissions@ihmschool.org](mailto:admissions@ihmschool.org), fax: 404-636-1853, or by mail to:**

Immaculate Heart of Mary School  
Attn: Admissions Director, Meaghan Schroeder  
2855 Briarcliff Road, NE  
Atlanta, GA 30329