



Northwoods Catholic School

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 www.northwoodscatholic.org

TEACHER RECOMMENDATION FORM

Students Entering Pre-Kindergarten, Kindergarten and First Grade

To the parents or guardian: Complete the top of this form and submit it to your child's current teacher with an addressed, stamped envelope.

Date: _____

Student Name: _____ Applicant for Grade: _____

I give _____ my permission to answer the following questionnaire with regard to my child and I waive any right to view the contents of this form.

Parent or Guardian Signature

Name of Current School: _____

Address/City/State/Zip: _____

Telephone: _____

How long has your child attended this school? _____

For teacher use only:

SKILL	Excellent	Good	Satisfactory	Needs Improvement
Attention span				
Retains information (memory)				
Ability to follow directions				
Oral expression (communicates clearly)				
Gross motor development				
Fine motor development				
General attitude toward school				
Cooperation				
Effort				
Ability to cope with stress (frustration)				
Ability to wait his/her turn				
Relationship with teacher				
Relationship with peers				
Considerate of others				
Ability to be part of a group w/o assistance				
Plays with others in cooperative play				

SKILL	All	Some	None
Recognizes letters			
Writes letters			
Knows letter sounds			
Knows basic colors			
Knows basic shapes			

Applicant recognizes numbers to: _____

Applicant writes numbers to: _____

Is the applicant reading? _____

Reading Series: _____ Level: _____

Math Series: _____ Level: _____

Discipline: _____

Describe any difficulties (physical, learning, emotional, social, behavioral, language barriers or family situations) which may affect the applicant's progress. _____

Previous educational/psychological tests administered to applicant: Describe and enclose copies (if possible). _____

Any other comments: _____

Thank you for your cooperation and honesty in completing this evaluation. This form is confidential and will not be shared with parents. Please sign and send this completed form to Director of Admissions at Northwoods Catholic School or you may forward it by fax. **This student's application cannot be processed until this form is received in the admissions office.** Please indicate the best time for us to contact you, if necessary.

Signature of Teacher

Date

Best time to contact teacher: Day: _____ Time: _____ Phone Number: _____

Northwoods Catholic School admits students of any race, national origin and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, national or ethnic origin in admissions, educational policies, athletics or other school administered programs.