

# Holy Cross Academy

## Kindergarten Teacher Recommendation Form

**To the parent/guardian:** Please complete the following portion of this form and give it to your child's teacher. Your signature acknowledges your permission to share this information with our school.

If your child has never been in a school or daycare setting, we ask parents to complete the information below to the best of your ability based on your experiences of working with your child.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_

Grade Level in 2025-26: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To the teacher:** This form is designed to allow Holy Cross Academy to learn more about the educational background and needs of the student whose name appears below. Your candid assessment is very helpful in our attempt to find school placement appropriate for the student. Thank you for your assistance.

I have known this child \_\_\_\_\_ years, \_\_\_\_\_ months.

He/she is enrolled in our school \_\_\_\_\_ days per week, \_\_\_\_\_ hours per day.

This class has \_\_\_\_\_ students and \_\_\_\_\_ teacher(s).

*Your evaluation is used solely for the admissions process.*

Skills	Area of strength	Age appropriate	Needs help	Check if this is a concern	Comments
Demonstrates attention span					
Ability to focus in group situations					
Ability to follow directions					
Completes work independently					
Respect for classroom rules					
Transitions between activities					
Responds to behavioral directions					
Enthusiasm for new activities					
Problem solving ability					
Seeks assistance					
Takes responsibility					

Physical Development	Area of strength	Age appropriate	Needs help	Check if this is a concern	Comments
Fine motor skills					
Gross motor skills					
Speech development (articulation)					

*If the child requires any special accommodations please describe them below:*

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<b>Social Emotional</b>	Area of strength	Age appropriate	Needs help	Check if this is a concern	Comments
Exhibits courtesy and respect					
Shows empathy towards peers					
Works cooperatively with peers					
Demonstrates self-control					
Shares well without prompting					
Imagination/creativity					
Demonstrates the ability to lead					
Demonstrates the ability to follow					
Expresses feelings appropriately					
Shows self confidence					
<b>Family Information</b>	Consistently	Usually	Sometimes	Rarely	Comments
Communicates openly with the school					
Participates in school activities					
Cooperates with classroom teacher					
Cooperates with administration					
Follows rules and procedures					

Please use the space below for any information that would be helpful in meeting the needs of this child.

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Teacher's Name

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Signature

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School Phone Number:

Email address

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**Upon completion, please return this form via mail, fax, or electronic message.**

Mail: 250 Stafford Lakes Parkway, Fredericksburg, VA 22406

Fax: 540-286-1625

Email: djames@holycrossweb.com