

# Lower School Recommendation Form

*For students applying to First and Second Grades*

Applicant's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

**To the parent:** Please complete the above lines and then give this form to the appropriate teacher at your child's current school. Provide that person with a stamped envelope addressed to:

Director of Admission  
 McCarthy Campus / Rowland Hall-St. Mark's School  
 720 Guardsman Way  
 Salt Lake City, Utah 84108

**To the teacher/caregiver:** The student named above is applying for admission to the Lower School at RHSM. Your comments and evaluation of the child will be helpful to us in reaching an admission decision; however, they will be reviewed with the full awareness that young children are continuously developing. The information submitted will be considered confidential and will not become part of the student's school records.

Skill Development	Exceeds Age Expectations	Age Appropriate	Needs Development
Follows and understands directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

Social/Emotional Development	Exceeds Age Expectations	Age Appropriate	Needs Development
Interacts in a positive way with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles problems verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toleration of frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

Physical Development	Exceeds Age Expectations	Age Appropriate	Needs Development
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

**Please comment on each of the following regarding this child:**

1. List the first four words that come to mind when you think of this child. \_\_\_\_\_  
\_\_\_\_\_
2. In your view, what are this child's particular strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What are his or her favorite activities? \_\_\_\_\_  
\_\_\_\_\_
4. What are this child's greatest challenges? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How does this child show anger or frustration? \_\_\_\_\_  
\_\_\_\_\_
6. Describe this child's parents' involvement in the school. \_\_\_\_\_  
\_\_\_\_\_
7. Are the parents' expectations of the child reasonable? \_\_\_\_\_  
\_\_\_\_\_
8. Is there anything else about this applicant that would be helpful to us in forming a complete portrait of the child? \_\_\_\_\_  
\_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Mr.    Mrs.    Ms.    Other \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Home mailing address \_\_\_\_\_  
street city state zip

Your relationship to child \_\_\_\_\_ School/Program \_\_\_\_\_ Grade level \_\_\_\_\_

Best email or phone number to contact you for further information \_\_\_\_\_

*Thank you for taking the time to thoughtfully evaluate this student.*

