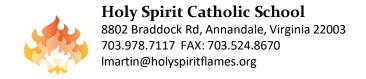


DATE:						
PARENT/GUARDIAN: Please complete Page 1 of this form and submit it to your child's current school. This form must be returne to Holy Spirit Catholic School directly from the current school (not to the parent).						
TO: NAME OF SCHOOL						
NAME OF SCHOOL	PHONE NUMBER					
ADDRESS						
RE:						
FULL NAME OF CHILD	DATE OF BIRTH					
	School has my permission to answer the following					
questions and return this information	on to Holy Spirit Catholic School at the address above, by fax, or by					
	email.					
SIGNATURE OF PARENT/GUARDIAN	PARENT/GUARDIAN PRINTED NAME					
PHONE NUMBER						
PARENT/GUARDIAN ADDRESS						

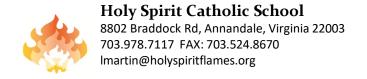


	has applied for admission to Holy Spirit Catholic School.
NAME OF STUDENT	
	nent of this student's social, physical, and academic development. Please feel free arate piece of paper. Your recommendation will be kept confidential.
Please return directly to Holy Spirit Ca	tholic School by mail, fax, or email.
What three words come to mind w	hen describing the student:
Please check the appropriate box:	

The state of the s

PHYSICAL DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Gross Motor Coordination					
Awareness of Body in Space					
Balance of Movement					
Fine Motor Skill Development					
Pencil Grip					
Detail in Drawing					

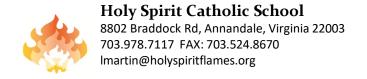
SOCIAL DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Cooperation with Others					
Listens Attentively					
Follows Directions					
Ability to Separate from Parents					
Engages					
Ability to Take Turns					
Respect for Others' Property					
Follows Routines					
Transitions Between Activities					
Exhibits Independence					



SOCIAL DEVELOPMENT cont'd	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Accepts Responsibility for Actions					
Interaction with Peers					
Attention Span					
Participation in Group Play					
Comfort Playing Alone					

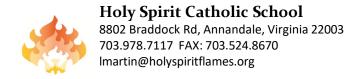
ACADEMIC DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Willingness to Participate					
Vocabulary Development					
Number Recognition					
Ability to Listen to Directions					
Focus and Participation in Groups					
Curiosity in Learning					
Upper Case Letter Recognition					
Lower Case Letter Recognition					
Speech is Clear and Understandable					
Pursues Topics of Interest					

PERSONAL CHARCTERISTICS	Advanced for Age	Appropriate for Age	Needs Improvement	Did Not Observe	Provide Additional Detail
Self-care Skills (coat, bathroom)					
Confidence in Approaching New Situations and Skills					
Empathy for Others					
Sense of Humor					
Initiation of Conversation Topics					
Motivation					
Enjoyment in School					



FAMILY INVOLVEMENT	Consistently	Usually	Sometimes	Rarely	Provide Additional Detail
Realistic Expectations for Child					
Realistic Expectations for School					
Willing to Volunteer Time					
Cooperates with Teachers					
Participates in School Events					
Follows School Rules & Policies					

In	the best	t interest of the child seeking admissior	to Holy Spiri	t Catholic School, please answer the following:			
1.	Length of time student attended your school:						
2.	Numbe	er of days absent during present schoo	l year:				
3.	Numbe	er of days tardy during present school y	/ear:				
4.	Grade	placement for current academic year:					
5.	Sugges	sted grade placement for upcoming sch	ool year:				
6.	Has th	e student ever been recommended for	or identified	as needing:			
	a.	Special Education	○ YES	○ NO			
	b.	Gifted Program	○ YES	○ NO			
	c.	Grade Retention	○ YES	○ NO			
	d.	Tutoring	○ YES	○ NO			
	e.	ADD or ADHD Testing	○ YES	○ NO			
	f.	Psychological/Educational Testing*	○ YES	○ NO			
		Please provide dates of IEP, Student Assi Im base public school and Special Ed Tri	•	Special Ed Child Study, Special Ed Eligibility Date			
16.							
11 (If the answer to any of the above is "yes" please comment:						
_							



What do you consider to be this student's g	reatest strengths?
In your judgement, what are the areas of gr	eatest need for this student?
Please check one of the following: I highly recommend	I recommend with reservation
○ I recommend	O I do not recommend
If appropriate, please provide additional informat	tion about your recommendation on a separate piece of paper.
SIGNATURE OF PERSON COMPLETING FORM	TITLE
PRINTED NAME OF PERSON COMPLETING FORM	DATE

Thank you for your cooperation and your time in completing this form.

Please submit directly to Holy Spirit Catholic School by mail, fax, or email.