



**ST. BRENDAN CATHOLIC SCHOOL  
KINDERGARTEN ASSESSMENT/RECOMMENDATION**

Please present this for to your child’s current teacher or caregiver to complete and forward directly to St. Brendan Catholic School .

All teacher and caregiver assessments/recommendations are kept confidential. Please fax or return this form to St. Brendan Catholic School ASAP.

Student Applicant: \_\_\_\_\_

Name of School: \_\_\_\_\_

Teacher: \_\_\_\_\_

School Address: \_\_\_\_\_

Grade level: \_\_\_\_\_

City, State: \_\_\_\_\_

How long you have known the student: \_\_\_\_\_

**Please complete the following assessment chart:**

	Outstanding	Above Average	Average	Below Average
Follows directions				
Works independently				
Maintains focus and attention				
Separates easily from parents				
Expresses thoughts and ideas clearly				
Displays confidence and positive self-image				
Cooperates and participates in activities				
Respects rights and feelings of others				
Displays appropriate transition-time behavior				
Displays self-control of actions				
Recognizes numbers 1-10				
Recognizes the alphabet				
Prints first name				

**Briefly explain the program in which the child has been enrolled. (Please include the length of the session and number of sessions per week):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Teacher’s recommendation for next year:**

\_\_\_\_\_  
\_\_\_\_\_

Teacher’s signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please fax or return this completed form along with a copy of their most current Progress Report to:

**St. Brendan Catholic School  
Attn: Christen Lambert  
10049 NE 195<sup>th</sup> St.  
Bothell, WA 98011**

**Fax #: 425-483-2839**