



Saint Raphael Preschool Teacher/Child-Care Provider Recommendation Form

Top to be completed by parent:

Lic.: #213005559

Name of Child: _____ (Applying for Preschool)

Child's Date of Birth: _____ Applying for class: Angel Saint
(circle one)

Please sign to authorize this information to be shared then give to your child's Preschool or Child-Care Provider. Thank you.

Parent Signature: _____ Date: _____

To be filled out by child's present school/care provider and sent in enclosed self addressed envelope to:

St. Raphael Preschool
1100 Fifth Avenue
San Rafael, CA 94901
Attn: Director (415/454-1302)

**Please check appropriate boxes: 4=Strength 3=Satisfactory
2= More time needed 1=Area of concern**

	4	3	2	1		4	3	2	1
SELF-HELP SKILLS: Clothes, bathroom, lunch/snack					GROSS MOTOR SKILLS: Body and space awareness				
COMMUNICATION SKILLS: Social interaction with children					Balance, including eye/hand/foot coordination				
Social interactions with adults					FINE MOTOR SKILLS: Uses proper grasp				
Uses words to express feelings					Small motor tasks (lacing, puzzles)				
Shows self confidence					LANGUAGE DEVELOPMENT: Speech is clear & understandable				
Contributes to group discussions					Asks questions to extend understanding				
LISTENING SKILLS: Length of attention span					Expresses thoughts in words				
Listens to directions									
Follows directions & completes task									

PLEASE COMPLETE THE OTHER SIDE

