



TEACHER REFERRAL FORM
PK4 and Kindergarten

TO THE PARENT:

Applying for: PK4
 Kindergarten

Student's Name: _____ Birth date: _____

I authorize the release of information for the above student to St. Mark's Episcopal School.

PARENT'S SIGNATURE: _____ Date: _____
St. Mark's reserves the right to contact the person completing this form should further clarification be required.

TO THE TEACHER:

All information made available to us is confidential and will not be discussed with the applicant's parents.

Name of Teacher: _____ Position: _____

School: _____ Phone: _____

Address: _____

Date: _____

INFORMATION REGARDING STUDENT:

What would you consider to be the student's strengths? _____

What would you consider to be the student's weaknesses? _____

Has the student any physical, social or emotional limitations? Yes _____ No _____
If yes, explain: _____

Has the family met their financial and contractual obligations? Yes _____ No _____
If no, explain: _____

Are the parents cooperative? Yes _____ No _____
If no, explain: _____

COMMENTS: We encourage any additional information that may be helpful in determining placement:

St. Mark's Episcopal School provides an academically enriched program in a nurturing Christian environment.

Student's Name: _____

Please mark the appropriate column and make comments as you deem pertinent. **It is not necessary to perform an in depth evaluation for each category.** Your candid response is encouraged. When completed, fax (561-622-6801) or mail the form to St. Mark's Episcopal School within one week of receipt.

READINESS SKILLS	Yes	No	N/A	Comments
Knows basic geometric shapes				
Recognizes first name in print				
Recognizes alphabet				
Recognizes numbers 1 -				
Rote counts 1 -				
Meaningfully counts 1 -				
Recognizes primary colors				
SPEECH AND LANGUAGE				
Clear articulation				
Fluency				
Expresses needs verbally				
Speaks in sentences				
Uses baby talk				
MOTOR SKILLS				
Correct pencil grip				
Colors within the lines				
Copies figures accurately				
Uses scissors properly				
Appears coordinated				
Throws/catches				
GENERAL HEALTH				
Exhibits normal hearing				
Exhibits normal vision				
Requires special services				
WORK HABITS				
Continues an activity independently				
Continues a task to completion				
Listens to complete directions before beginning				
Attentive				
Cooperative				
Disruptive/Interrupts				
Participates in class activities				
SOCIAL BEHAVIOR				
Separates from adults				
Plays well with others/shares				
Listens while others speak				
Respects property				
Shows concern for others				
General positive attitude				
Maturity level is age appropriate				

Thank you for taking the time to complete the Teacher Referral Form.

Lynne Mullins
Admission Director/Registrar