

St. Francis Solano School/La Escuela de St. Francis Solano  
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 (707) 996-4994 Fax: (707) 996-2662

**Teacher Recommendation/Recomendación de Maestra**

**Kindergarten and 1<sup>st</sup> Grade Applicants Only/Solamente Solicitantes de Kindergarten y Primer Grado**

Parent completes the top portion and submits to his/her child's preschool/kindergarten teacher. Teacher will email, mail or fax the completed form directly to St. Francis Solano School./ *El padre completa la porción de arriba y lo entrega a la maestra de su hijo. La maestra va a mandarlo por correo, email or fax a St. Francis Solano School.*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Nombre del Estudiante* *Fecha de Nacimiento*

I, the parent, authorize \_\_\_\_\_ to provide the following information.  
*Yo, el padre, autorizo a* (Teacher's Name/*Nombre de Maestra*) *a compartir la siguiente información.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Firma de Padre* *Fecha*

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The student's preschool/kindergarten teacher is asked to complete the following assessment and mail, fax or email this form directly to St. Francis Solano School. Thank you for your assistance.

Please circle appropriate number: 4 = Strength  
 3 = Satisfactory  
 2 = More Time Needed  
 1 = Area of Concern

**Self-Help Skills**

(Clothes, bathroom, lunch) ..... 4 3 2 1

**Communication Skills**

- Social interaction with children ..... 4 3 2 1
- Social interaction with adults ..... 4 3 2 1
- Uses words to express feelings ..... 4 3 2 1
- Shows self-confidence ..... 4 3 2 1

**Listening Skills**

- Length of attention span ..... 4 3 2 1
- Listens to directions ..... 4 3 2 1
- Follows directions ..... 4 3 2 1
- Completes tasks ..... 4 3 2 1

**Gross Motor Skills**

- Balance, including eye/hand/foot coordination ..... 4 3 2 1
- Body and space awareness ..... 4 3 2 1

**Fine Motor Skills**

- Uses proper grasp ..... 4 3 2 1
- Small motor tasks ..... 4 3 2 1

**Language Development**

- Speech is clear and understandable..... 4 3 2 1
- Asks questions to extend understanding ..... 4 3 2 1
- Expresses thoughts in words ..... 4 3 2 1

**Please comment on the following:**

1. Activities child prefers:
  
2. Greatest strength in dealing with peers:
  
3. General health as exhibited at school (concerns):
  
4. Characteristic response to new task or situation:
  
5. Ability to handle transitions in school program:

Additional remarks: Please include any family circumstance, which we should be aware of in our evaluation. Also include any other comments you wish to make about this student.

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Specific recommendation:

Highly Recommend       Recommend       Recommend with Reservation

Prefer not to make recommendation (Please explain) \_\_\_\_\_

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Teacher's name \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_ Phone \_\_\_\_\_

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