



1950 So. Prospect Ave., Redondo Beach, CA 90277

Phone: 310-316-3049 \* Fax: 310-316-0888 \* [www.stlmschool.org](http://www.stlmschool.org)

**TK & KINDERGARTEN RECOMMENDATION FORM**

Students entering DK or Kindergarten

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To the pre-school teacher:

The above child is applying for admission to St. Lawrence Martyr School for Kindergarten. We would greatly appreciate your cooperation in giving an appraisal of this child's performance in preschool. **The information requested will be kept in strict confidence.** Thank you for taking the time to complete this recommendation. **Please mail or bring this form directly to ADMISSIONS, St. Lawrence Martyr School, 1950 So. Prospect Ave., Redondo Beach, CA 90277.**

The parents of this child give permission for us to receive your recommendation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**The parents are** (please *circle* all descriptions that apply)  
*cooperative with school*                      *consistent with discipline*    *interested in education*  
*have realistic expectations for their child*

**Is this child receiving support services?** (please *circle* all descriptions that apply)  
Speech                                      Hearing  
Counseling                                Other? Please indicate \_\_\_\_\_

**What do you consider to be this student's greatest strength?**

**In your judgment, what are the areas of greatest need in this student?**

**Please check one of the following:**

\_\_\_\_\_ I highly recommend                      \_\_\_\_\_ I recommend with reservation

\_\_\_\_\_ I recommend                                      \_\_\_\_\_ I do not recommend at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_