

**St. Clement's School
Teacher Reference Report
Preschool**

Name _____ Birthdate _____

Circle appropriate ratings:

Gross Motor Control	limited	fair	average	good	outstanding
Fine Motor Control	limited	fair	average	good	outstanding
Effort	limited	occasional	sporadic	good	maximum
Work Habits	poor	fair	good	excellent	
Ability to Work in a Group	poor	fair	good	excellent	
Ability to Work and Play Alone	poor	fair	good	excellent	
Follows Direction	needs much explanation		occasionally needs help		quickly and correctly
Uses Suggestions or Corrections	rarely	needs reminders	usually	always	
Attention Span	easily distracted	occasionally distracted	usually good	exceptionally good	
Maturity in Terms of Age and Grade	very immature	somewhat immature	normal	above average	very mature
Classroom Behavior	disruptive	occasionally disrupts	usually good	always good	
Cooperates with Adults	rarely	sometimes	usually	always	
Cooperation of parents	poor	fair	good	outstanding	

Circle words which describe student:

passive, vivacious, good-humored, friendly, well-liked, aloof, sociable
 belligerent, forthright, shy, sullen, cheerful, self-centered, poised
 nervous, irritable, easily discouraged, persistent, insecure, leader
 attention getter, honest, follower.

Record additional comments on reverse side of sheet.

Teacher's Signature _____

School _____ Date _____

St. Clement's School

TO THE PARENT/GUARDIAN

Type or print the information requested on the first line of the reverse side and give the Teacher Reference Report to the applicant's current teacher.

Provide the teacher with a stamped envelope addressed to:

St. Clement's School
1515 Wilder Avenue
Honolulu, HI 96822

Finally, complete and sign the following statement of consent to the teacher, with full awareness the information on the Teacher Reference Report is strictly confidential and will not be shared with you or anyone beyond the St. Clement's Admissions Committee.

I hereby give permission to release the information that is requested on the Teacher Reference Report regarding my child, _____, for the purpose of admission to St. Clement's School.

(Signature of Parent/Guardian)

(Date)

TO THE TEACHER

Please make your evaluation any time **after September 1 and return by December 31 by mail to St. Clement's School.**