



SCHOOL RECOMMENDATION FORM FOR ADMISSION TO PK3 THROUGH KINDERGARTEN

Name of Student _____

Grade for which applying _____

This student is applying for admission to one or more of the schools listed on the attached **Permission for School to Release Student Records** for the _____ scholastic year. This recommendation form provides a way of getting to know the child and is received with the awareness that children are constantly changing and developing. Your candid evaluation of the applicant will be of invaluable assistance to the Admission Committee. **Be assured that your comments will be held in strict confidence.** Thank you for your assistance.

If you wish to discuss this student personally also, please check here.

Social / Emotional Development				
	Exceeds Age	Age Appropriate	Needs Development	Comments
Works respectfully with peers				
Is able to wait for a turn				
Carries out responsibilities				
Interacts cooperatively with others				
Interacts respectfully with teachers				
Transitions easily				
General behavior is predictable and age appropriate				
Exhibits self-control				
Academic Skill Development				
	Usually	Sometimes	Seldom	Comments
Listens attentively and follows directions and rules				
Demonstrates ability to focus on task and to problem solve				
Completes tasks in allotted time				
Works carefully and neatly				
Works well independently				
Physical Development				
	Exceeds Age	Age Appropriate	Needs Development	Comments
Is able to relax				
Small muscle control and coordination				
Large muscle control and coordination				
Speech development (articulation)				
Left/right directionality				

Please describe the child's development of:

Beginning reading skills _____

Beginning math skills _____

Talks excessively on a topic/uses words repetitively Yes_____ No_____

Displays behaviors similar to a much younger child Yes_____ No_____

Parent cooperation and involvement with the school: _____

If your school is private, are financial responsibilities for school bills met on time? _____

How long have you known the child? _____

Does the student have any significant limitations that affect school performance?

Please explain: _____

Is the student eligible to return next year? _____

Is there anything significant about the home life which will help us understand this child?

We welcome any other information about the student or family that you think would be helpful.

I recommend this student for admission:

with great enthusiasm

with confidence

with reservation

I do not recommend

(Mr., Mrs., Ms., Dr.) _____

Printed Name

School

Position

School address

City/State

Zip Code

School phone number

Signature

Date

Please return this form to the appropriate school(s) marked on the parent permission form.