

INDEPENDENT SCHOOL STUDENT RECOMMENDATION
Prekindergarten, Kindergarten, First Grade

Name of Student _____ Birthdate _____

Application for Grade _____ I have known this candidate _____ years/months. Date _____

To the Teacher or School Director: We appreciate your cooperation in completing this form. You may place your check mark in any column to the right or left to show gradations within each category. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing.

Social Development	Usually	Sometimes	Seldom
Can be a friend			
Is supportive of peers			
Is comfortable with adults			
Plays alone happily			
Cooperates in play			
Shares well			
Initiates play activities			
Is imaginative			
Has the capacity to lead			
Has the capacity to follow			
Uses material purposefully			

Comments:

Physical Development	Outstanding	Age Appropriate	Needs Development
Small muscle control and coordination			
Large muscle control and coordination			
Speech development (articulation)			

Please identify any special needs, including auditory and visual development.

Pre-Academic Skill Development	Usually	Sometimes	Seldom
Is attentive			
Listens in a group			
Contributes to group discussions			
Works cooperatively			
Completes tasks			
Demonstrates ability to focus on one task			
Respects classroom routines			
Moves easily from one activity to another			
Responds positively to constructive criticism			

(OVER)

Pre-Academic Skill Development (Cont.)	Usually	Sometimes	Seldom
Is curious			
Is willing to try new activities			
Is a self-starter			
Enjoys new challenges			
Exhibits problem solving abilities			
Expresses ideas well			

Comments:

For children applying to first grade: Please describe the child's development in:

Beginning reading skills: _____

Beginning math skills: _____

Please attach a description of your kindergarten program in these areas, if available.

PARENT COOPERATION AND INVOLVEMENT WITH THE SCHOOL:

PERSONAL CHARACTERISTICS: Please describe the child and include comments on his/her personality, maturity, confidence, assertiveness, humor and degree of independence. We welcome any other information which you think would be helpful. You may use a separate sheet of paper, if you wish, for further comments in any category. Thank you for your assistance.

Signature

Print or type name

**Powhatan School
49 Powhatan Lane
Boyce, VA 22620
FAX (540) 837-1009**

***Information contained on this form is strictly confidential.**