



Student Recommendation Form for Kindergarten

This form will be used to evaluate the student's character and readiness. We value your honest and unique perspective as the student's teacher or caregiver. **Your recommendation is confidential and should not be shared with the applicant's family.** Completed forms should be faxed to 804-612-4175, emailed to Admissions@St-Andrews-School.org, or mailed directly to St. Andrew's School.

For kindergarten applicants who have not attended pre-school, a daycare provider will be an acceptable substitution.

Student's Name: _____ Date of Birth: _____ ☐ Male ☐ Female

Current School: _____ Grade of Student: _____

Number of Students in Class: _____

Student receives special services in the following area(s) at this time:

☐ Special Education or IEP ☐ Speech/language ☐ Reading ☐ Math ☐ Behavior Intervention
☐ Other: _____

What are the first words/phrases that best describe this student? _____

Family Cooperation

To your knowledge, is the parents' perception of the child compatible with the school's understanding of the child?

☐ Yes ☐ No ☐ Uncertain

Please rate family cooperation with school policies and school personnel:

☐ Outstanding ☐ Average ☐ Poor

(Over)

www.St-Andrews-School.org

Language/Motor

Consistently

Occasionally

Never

Speaks in understandable and complete sentences

Expresses needs, requests and ideas appropriately

Maintains focus and attention

Contributes to class discussions in a meaningful way

Uses writing instruments effectively

Comments: _____

Work Habits

Consistently

Occasionally

Never

Transitions well between activities

Participates well in small group and/or partner settings

Follows rules and classroom routines

Works well independently

Tries to solve problems him/herself before seeking help

Shows initiative

Comments: _____

Social/Emotional

Consistently

Occasionally

Never

Exhibits self control

Typically shares with peers and takes turns

Cooperates with others

Demonstrates positive leadership ability

Willingly and appropriately accepts adult guidance

Has a positive attitude toward school and learning

Maturity level seems appropriate for age/grade

Comments: _____

Personal Development

Consistently

Occasionally

Never

Separates from adult family member without incident

Curious about his/her environment

Takes care of personal hygiene needs independently

Comments: _____

Student Name_____

Family Cooperation (Additional comments about family support, special circumstances, or specific areas of concern)

Student's Progress (Additional comments regarding student ability, social emotional development, academic progress or specific areas of concern)

Additional Comments or Specific Areas of Concern

I recommend this student:

Enthusiastically

Strongly

With Reservations

Not At All

I have additional information I would like to discuss. Please contact me using the information below.

Your Name:_____ Phone Number:_____

Email:_____ Position:_____

Date Completed:_____