

Name of student \_\_\_\_\_ Application for grade \_\_\_\_\_

I have known this candidate for \_\_\_\_\_ years/months. My relationship has been that of \_\_\_\_\_.

**TO THE PARENTS:** We appreciate your cooperation in having this form completed and submitted by your child's preschool teacher, kindergarten teacher, childcare provider, or other adult in a supervisory role (church school, for example). It provides one way of our getting to know the child and is received with the full awareness that young children are constantly growing, changing and developing.

**SOCIAL DEVELOPMENT:**

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRE-ACADEMIC SKILL DEVELOPMENT:**

	<i>Usually</i>	<i>Sometimes</i>	<i>Seldom</i>
Is attentive			
Listens in a group			
Contributes to group discussion			
Follows directions			
Works cooperatively			
Demonstrates ability to focus on one task			
Completes tasks			
Respects classroom routines			
Is curious			
Is willing to try new activities			

**CONFIDENTIAL TEACHER RECOMMENDATION (Continued)**

PRE-ACADEMIC SKILL DEVELOPMENT:	<i>Usually</i>	<i>Sometimes</i>	<i>Seldom</i>
Is a self-starter			
Enjoys new challenges			
Exhibits problem-solving ability			
Uses language appropriately			
Expresses ideas well			

Is child reliably toilet trained?  Yes  No

**PERSONAL CHARACTERISTICS (Required)**

Please describe the child and include comments on the child's personality, maturity, confidence, humor, and independence. We welcome any information that you think would be helpful. If needed, please use a separate sheet of paper for further comments.

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PHYSICAL DEVELOPMENT:	<i>Outstanding</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>No basis for judgement</i>
Small muscle control and coordination					
Large muscle control and coordination					

Comments: \_\_\_\_\_

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What additional information would you like to share? \_\_\_\_\_

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Print Name \_\_\_\_\_ Title \_\_\_\_\_

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

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