

## TEACHER RECOMMENDATION FORM KINDERGARTEN

I, \_\_\_\_\_ give permission to you to release the following information about my son/daughter to Advent Lutheran Elementary/Middle School.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of School \_\_\_\_\_ Teacher \_\_\_\_\_

School Address \_\_\_\_\_ Date Student Entered \_\_\_\_\_

Would you please circle the response that best describes the current level of applicant's achievement in these areas:  
C = commendation for special effort and achievement; S = satisfactory progress consistent with ability or age, and N = needs improvement or more effort if progress is to be consistent with ability or age. Your written comment may be continued on the back of this form.

<b>WORK HABITS</b>	<b>CIRCLE RESPONSE</b>
Your comments: _____	1. Follows directions                    C    S    N
_____	2. Completes tasks on time            C    S    N
_____	3. Works carefully and neatly        C    S    N
_____	4. Is attentive and listens carefully    C    S    N

<b>SOCIAL READINESS</b>	<b>CIRCLE RESPONSE</b>
Your comments: _____	1. Respects property of others        C    S    N
_____	2. Enters into play with others        C    S    N
_____	3. Carries out responsibilities        C    S    N
_____	4. Able to make friends                C    S    N

<b>EMOTIONAL GROWTH</b>	<b>CIRCLE RESPONSE</b>
Your comments: _____	1. Adjusts to new situations            C    S    N
_____	2. Exhibits courtesy and respect      C    S    N
_____	3. Shows self-control in classroom    C    S    N
_____	4. Shows respect for adults            C    S    N
_____	5. Exhibits self-control on playground C    S    N

<b>PHYSICAL DEVELOPMENT</b>	<b>CIRCLE RESPONSE</b>
Your comments: _____	1. Practices good health habits        C    S    N
_____	2. Is developing small muscle control    C    S    N
_____	(cutting, coloring, etc.)
_____	3. Is developing large muscle control    C    S    N

<b>LANGUAGE DEVELOPMENT</b>	<b>CIRCLE RESPONSE</b>
Your comments: _____	1. Speaks clearly                        C    S    N
_____	2. Expresses ideas well                C    S    N

Does your school give periodic report cards? Yes \_\_\_ No \_\_\_. If yes, please attach a copy of a recent report to parents. Or, report will not be distributed to parents until (date): \_\_\_\_\_

Please give names, dates and results of standardized tests administered to the applicant. (If you plan to give test later in the year, please indicate name of tests and when results will be available).

Test Name \_\_\_\_\_ Date \_\_\_\_\_

How would you consider the applicant's parents?

Exceptionally cooperative \_\_\_\_, Generally cooperative \_\_\_\_, Rarely cooperative \_\_\_\_ .

Explanation: \_\_\_\_\_

If your school is private, does the family meet its financial responsibilities for school bills on time?

Yes \_\_\_\_, No \_\_\_\_, Not Applicable \_\_\_\_ .

Is the candidate in good standing and eligible to re-enter your school if you offer the next grade level?

Yes \_\_\_\_, No \_\_\_\_, If no, please explain: \_\_\_\_\_

Has the candidate any physical, social or emotional limitation?

Yes \_\_\_\_, No \_\_\_\_, If no, please explain: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
Print name of person filling out form

\_\_\_\_\_  
Signature of person filling out form

\_\_\_\_\_  
Position / Title

\_\_\_\_\_  
Telephone# where we may contact you if we have any questions.

Your candid appraisal of this applicant will aid us greatly in the application process. Accordingly, your evaluation will be treated with the strictest confidence. Information on this form will only be viewed by the Admissions Department at Advent Lutheran School.

Return to:

Advent School  
c/o Vicki Randle - Admissions  
300 E. Yamato Rd  
Boca Raton, FL 33431  
Fax: 561-750-3632  
Email: vrandle@adventboca.org