



Primary Teacher's Recommendation Application for Pre-Kindergarten – Grade 1

All information will be kept confidential

CURRENT LEVEL PK / 3-4 yrs. _____ JK / 4-5 yrs. _____ SK / 5-6 yrs. _____

NAME OF STUDENT _____

has applied for admission to grade _____ at our school. The Admission Committee will appreciate your comments on the following:

- How long have you known this child?
- Which words or phrases come first to your mind in describing the applicant?

Strengths:

Weaknesses:

- Please evaluate the applicant in the following areas:

Often **Sometimes** **Seldom** **N/A**

CREATIVE DEVELOPMENT

Eager to explore art media.....	_____	_____	_____	_____
Exhibits curiosity, interest.....	_____	_____	_____	_____
Enjoys singing, rhythm, movement.....	_____	_____	_____	_____

SOCIAL DEVELOPMENT

Displays self-control.....	_____	_____	_____	_____
Follows school rules.....	_____	_____	_____	_____
Accepts and respects authority.....	_____	_____	_____	_____

LANGUAGE ARTS DEVELOPMENT

Speaks in complete sentences.....	_____	_____	_____	_____
Contributes verbally to the group.....	_____	_____	_____	_____
Recognizes own name.....	_____	_____	_____	_____
Recognizes letters.....	_____	_____	_____	_____
Associates sounds with letters.....	_____	_____	_____	_____
Displays interest in books/stories.....	_____	_____	_____	_____

WORK HABIT DEVELOPMENT

Has adequate attention span.....	_____	_____	_____	_____
Listens attentively.....	_____	_____	_____	_____
Completes tasks.....	_____	_____	_____	_____

PHYSICAL DEVELOPMENT

Displays gross motor coordination..... (running, skipping, jumping, throwing)	_____	_____	_____	_____
Displays fine motor coordination..... (cutting, pasting, coloring, tracing)	_____	_____	_____	_____
Manages bathroom needs independently.....	_____	_____	_____	_____
Exhibits sufficient stamina.....	_____	_____	_____	_____

IF APPLICABLE: Reads Words Phrases Sentences

see other side



Often Sometimes Seldom N/A

MATHEMATIC DEVELOPMENT

Counts by rote 0 - 5	_____	_____	_____	_____
Counts beyond 5	_____	_____	_____	_____
Is able to count objects 0 - 5	_____	_____	_____	_____
Is able to identify numbers 0 - 5	_____	_____	_____	_____
Matches and names colors	_____	_____	_____	_____
Matches and names basic shapes	_____	_____	_____	_____

If English is a **second** language (check: Yes No), please indicate the degree of the student's ability to perform in an academic atmosphere where English is the primary language.

Additional comments that would assist the school in appropriate placement of applicant

Name _____

Position _____

School _____

Address _____ Zip _____

Phone _____

Signature _____ Date _____

Please return as soon as possible to:
 St. Stephen's Episcopal Day School, Admission Office, 3439 Main Highway, Coconut Grove, FL 33133
 Thank you for your cooperation.