



STUDENT RECOMMENDATION FORM FOR KINDERGARTEN

NAME OF APPLICANT _____

SCHOOL YEAR _____ (upcoming) BIRTH DATE _____

Because Veritas is classical and Christ-centered, we try to evaluate each student’s character and ability in that light in order to help assure their success. Please give a copy of this form to your child’s primary teacher and a copy to any other non-family member adult who has close personal knowledge of your child’s character, ability, and behavior in a group setting. The following is a list of possible options: principal, headmaster, counselor, classroom teacher, coach, Sunday school teacher, music teacher, or choir director.

This information is treated confidentially. By signing this form, I understand that I waive my rights to read this form or see the comments in the recommendation. **Parent’s Signature:** _____

Mark all that most consistently describe this child:

<input type="checkbox"/> Enjoys large motor activities	<input type="checkbox"/> Patient
<input type="checkbox"/> Enjoys small motor activities	<input type="checkbox"/> Defiant
<input type="checkbox"/> Positive member of the classroom	<input type="checkbox"/> Positive interaction with peers
<input type="checkbox"/> Responsive to classroom limits	<input type="checkbox"/> Positive relationships with adults/teachers
<input type="checkbox"/> Responsive to teacher directions	<input type="checkbox"/> Aware of others’ needs
<input type="checkbox"/> Easily adapts to change or transition	<input type="checkbox"/> Easily frustrated
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Physically hurtful when frustrated
<input type="checkbox"/> Resilient	<input type="checkbox"/> Enthusiastic about learning
<input type="checkbox"/> Short tempered	<input type="checkbox"/> Can’t sit still
<input type="checkbox"/> Confident	<input type="checkbox"/> Hits or bites
<input type="checkbox"/> Observer	<input type="checkbox"/> Slow to warm-up
<input type="checkbox"/> Respects materials	<input type="checkbox"/> Developmentally appropriate attention span

Social/Emotional Development	Always	Often	Sometimes	Never
Works and play cooperatively				
Enters group activities appropriately				
Cries when frustrated				
Chooses to be alone				
Tends to lead				
Tends to follow				
Uses words to resolve conflict				
Is able to be redirected by teacher				
Accepts responsibility for behavior				
Is able to solve problems without adult help				
Adjusts well to new situations				

Approach to Learning	Always	Often	Sometimes	Never
Asks for help when necessary				
Tries new activities of own choice				
Tries new activities that are teacher-directed				
Needs teacher support to stay on task				
Makes transitions easily				
Follows classroom routines				

Language Development	Always	Often	Sometimes	Never
Understands and follows oral directions				
Is able to communicate ideas, feelings, and needs				
Speech is intelligible				

Other	Always	Often	Sometimes	Never
Responsible for personal belongings (coat, lunchbox)				
Toilets independently				
Is willing to participate in room clean-up				
Separates easily from parent(s) at drop-off				
Parent(s) set limits with child				
Child responds to limits of parent(s)				
Parent(s) respectful of teacher(s) & school				
Parent(s) responsive to teacher feedback				
Parent(s) contribute to preschool & classroom				
Parent(s) support classroom systems & expectations (i.e. arriving on time, follow thru with school requests, pick-up on time)				
Parent(s) agree with your view of the child				

Would you want this child in your class again? Yes No

Is there additional information that can be better conveyed in a phone conversation? Yes No

I can best be reached during these hours: _____ at this phone number: _____

Additional comments or specific areas of concern: _____

RECOMMENDATION

I recommend this applicant to Veritas School in terms of his/her academic performance and personal character:

Enthusiastically Strongly Fairly Strongly Without enthusiasm Not recommended

What was your relationship to the student and what was the time period during which this relationship occurred?_

Signed: _____ Please print name: _____

<p>Mail or fax to: Veritas School Attn: Admissions 3400 Brook Road Richmond, VA 23227 804.272.9517/804.272.9518 (fax)</p>
