

ZION LUTHERAN SCHOOL

495 9th Avenue • San Francisco, CA 94118 • Tel: 415.221.7500 • www.zionsfschool.org • admissions@zionsf.org

Student Recommendation

For Students Entering Kindergarten

Name of Student _____ Birthdate _____

I have known this candidate for _____ years/months.

Name of Evaluator _____ Relationship to Child _____

Dear Teacher or Pre-School Director:

Thank you for the information that you will be providing us by completing and returning this form in a ***sealed*** envelope to the parents or returning to Zion Lutheran School directly. If necessary, you may place your check mark to the left or right of a box to indicate a more specific degree of development. Your evaluation will help us in determining whether or not the child is ready for kindergarten, and it will be reviewed with the understanding that young children are constantly changing and developing.

SOCIAL DEVELOPMENT

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

PHYSICAL DEVELOPMENT

| | Outstanding | Age Appropriate | Needs Development | Comments |
|-------------------------------------|-------------|-----------------|-------------------|----------|
| Small muscle control & coordination | | | | |
| Large muscle control & coordination | | | | |
| Speech development (articulation) | | | | |

PRE-ACADEMIC SKILL DEVELOPMENT

| | Usually | Sometimes | Seldom | Comments |
|---|---------|-----------|--------|----------|
| Is attentive | | | | |
| Listens in a group | | | | |
| Contributes to group discussions | | | | |
| Follows directions | | | | |
| Works cooperatively | | | | |
| Completes tasks | | | | |
| Demonstrates ability to focus on one task | | | | |
| Respects classroom routines | | | | |
| Moves easily from one activity to another | | | | |
| Responds positively to constructive criticism | | | | |
| Is curious | | | | |
| Is willing to try new activities | | | | |
| Is a self-starter | | | | |
| Enjoys new challenges | | | | |
| Exhibits problem solving abilities | | | | |
| Expresses ideas well | | | | |

Parent cooperation and involvement with the school:

Personal Characteristics: Please describe the child and include comments on his/her personality, maturity, confidence, assertiveness, humor and degree of independence. We welcome any other information which you think would be helpful. You may use a separate sheet of paper for further comments in any category. You may also attach samples of the child's work. Thank you for your assistance.

Signature

Print Name

School

Telephone Number