

STUDENT RECOMMENDATION FOR PRE-SCHOOL THREE - KINDERGARTEN

Instructions to Parents: Please complete items (1) through (6); then give this form to the Principal, Director, or Teacher at your child's current school and ask that it be completed and returned with supporting materials (transcripts, where applicable) to the Director of Admissions at Tuscaloosa Academy. If your child has not yet attended a school, please give this recommendation form to a person who has unbiased knowledge of your child such as a Sunday School teacher, physician, or other non-related individual.

(1) Student's Name _____
Last First Middle Name Used

(2) Home Address _____
Street City State Zip

(3) Applying to Grade _____ beginning _____ (4) Current Grade _____
Month Year

I would appreciate your completing this form and returning it in the enclosed envelope addressed to the Director of Admissions at Tuscaloosa Academy, and I hereby authorize the release of my child's records to Tuscaloosa Academy.

(5) Date _____ (6) Signature of Parent/Guardian _____

Principal or Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your estimate of this child's academic performance, intellectual promise, and qualities as a person. *This information will be held in confidence and will not become a part of the student's permanent file.*

Name of School _____ Telephone () _____

Address of School _____
Street/P.O. Box City State Zip

Principal's Name _____ Teacher's Name _____

Please check those terms that apply to this applicant, and comment if needed:

Social Development

<input type="checkbox"/> Exhibits independence	<input type="checkbox"/> Follows rules	<input type="checkbox"/> Initiates Activity
<input type="checkbox"/> Is mostly a follower	<input type="checkbox"/> Plays with others appropriately	<input type="checkbox"/> Prefers to play alone
<input type="checkbox"/> Shares	<input type="checkbox"/> Stands up for rights	<input type="checkbox"/> Takes the lead
<input type="checkbox"/> Responds positively to correction		<input type="checkbox"/> Cries easily

Emotional Development

<input type="checkbox"/> Adaptable	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Angry	<input type="checkbox"/> Controlled	<input type="checkbox"/> Confident
<input type="checkbox"/> Content	<input type="checkbox"/> Even-tempered	<input type="checkbox"/> Flexible	<input type="checkbox"/> Happy	<input type="checkbox"/> Hostile
<input type="checkbox"/> Nervous	<input type="checkbox"/> Receptive	<input type="checkbox"/> Shy	<input type="checkbox"/> Withdrawn	

Work Habits

<input type="checkbox"/> Completes tasks	<input type="checkbox"/> Drifts	<input type="checkbox"/> Focuses	<input type="checkbox"/> Follows directions
<input type="checkbox"/> Is distractible	<input type="checkbox"/> Is persistent	<input type="checkbox"/> Listens attentively	<input type="checkbox"/> Works independently
<input type="checkbox"/> Works in a group	<input type="checkbox"/> Organizes self and materials		

Please comment on the following:

Areas in which this applicant excels _____

Areas in which this applicant has the greatest needs _____

Additional comments: _____

Please check your assessment of the applicant in each category:

Social/Emotional Development

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
<input type="checkbox"/> Areas of concern/comments	<input type="checkbox"/> Interaction with adults	<input type="checkbox"/> Interaction with peers	
<input type="checkbox"/> Play behavior	<input type="checkbox"/> Self-help/independence	<input type="checkbox"/> Self-confidence	<input type="checkbox"/> Self-control
<input type="checkbox"/> Respect for others			

Language/Communication Skills

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
<input type="checkbox"/> Areas of concern/comments	<input type="checkbox"/> Speaks in complete sentences	<input type="checkbox"/> Uses appropriate vocabulary	
<input type="checkbox"/> Articulates words	<input type="checkbox"/> Follows directions	<input type="checkbox"/> Sequences events	<input type="checkbox"/> Responds appropriately during group activities

Physical Development

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
<input type="checkbox"/> Areas of concern/comments	<input type="checkbox"/> Gross motor (balance, movement through space)		
<input type="checkbox"/> Fine motor (hand-eye coordination, zips, buttons, stacks, cuts)			

Attitude Toward School

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	
<input type="checkbox"/> Areas of concern/comments	<input type="checkbox"/> Eager to learn	<input type="checkbox"/> Curious	<input type="checkbox"/> Observant	<input type="checkbox"/> Creative

Does the applicant have any physical or emotional problem areas? Yes _____ No _____

Has the applicant been the subject of major disciplinary action? Yes _____ No _____

Has the applicant made irregular progress (i.e. chronic illness, repeating grade)? Yes _____ No _____

Do you consider this child to be an asset in your classroom? Yes _____ No _____

Please explain further any questions answered affirmatively. _____

Please check the terms that pertain to parental support:

<input type="checkbox"/> Are cooperative	<input type="checkbox"/> Follow through with suggestions	<input type="checkbox"/> Are interested in education
<input type="checkbox"/> Value their child's uniqueness	<input type="checkbox"/> Have realistic understanding of child's ability	

Please comment on the degree and type of parental involvement. _____

Signature of person completing this assessment _____ Date _____

Title _____

In what capacity and how long have you known this child? _____

If the need arises, may we contact you to discuss the applicant further? _____ Telephone () _____

Signature of principal or director _____

Please attach a transcript (academic records, standardized test results, psychological evaluations, etc.) and return this form to:

**Tuscaloosa Academy
 Director of Admissions
 420 Rice Valley Road, North
 Tuscaloosa, AL 35406**