



# KINDERGARTEN RECOMMENDATION FORM

The parents of this child have applied for admission to kindergarten in The Covenant School for the academic year \_\_\_\_\_. We would appreciate the student's teacher providing the information requested on this form. All information made available to us is for use by the school and will not be discussed with the parents of this applicant.

Student's Name \_\_\_\_\_  
*Last* *First* *Middle*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*A parent's signature is required to authorize The Covenant School to contact the applicant's current school and teacher if more information is necessary to complete the evaluation.*

**PART A:** PLEASE CIRCLE THE MOST APPROPRIATE RESPONSE.  
If "VARIES" is circled, please explain in the area marked "COMMENTS".

## PERSONAL DEVELOPMENT

### Comments:

- |               |  |       |
|---------------|--|-------|
| YES NO VARIES | Separates from parent without crying     | _____ |
| YES NO VARIES | Is curious about his/her environment     | _____ |
| YES NO VARIES | Shows pride in his/her accomplishments   | _____ |
| YES NO VARIES | Has confidence in himself /herself       | _____ |
| YES NO VARIES | Has a positive attitude toward school    | _____ |
| YES NO VARIES | Practices good health habits             | _____ |
| YES NO VARIES | Works independently                      | _____ |
| YES NO VARIES | Takes care of toilet needs independently | _____ |

## SOCIAL RELATIONS

- |               |  |       |
|---------------|--|-------|
| YES NO VARIES | Is willing to share materials          | _____ |
| YES NO VARIES | Plays cooperatively with others        | _____ |
| YES NO VARIES | Prefers to play alone most of the time | _____ |
| YES NO VARIES | Is willing to take turns               | _____ |
| YES NO VARIES | Observes school rules                  | _____ |
| YES NO VARIES | Demonstrates leadership ability        | _____ |
| YES NO VARIES | Relates positively to adults           | _____ |
| YES NO VARIES | Accepts adult guidance when necessary  | _____ |

**ORAL LANGUAGE**

**Comments:**

- YES NO VARIES Speaks in complete sentences \_\_\_\_\_
- YES NO VARIES Expresses ideas logically \_\_\_\_\_
- YES NO VARIES Completes a thought in oral conversation \_\_\_\_\_
- YES NO VARIES Uses correct pronunciation & enunciation \_\_\_\_\_
- YES NO VARIES Contributes to discussions \_\_\_\_\_

**MOTOR DEVELOPMENT**

- YES NO VARIES Can jump in place \_\_\_\_\_
- YES NO VARIES Can hop in place on each foot \_\_\_\_\_
- YES NO VARIES Walks up and down stairs with alternating feet \_\_\_\_\_
- YES NO VARIES Builds using simple construction materials \_\_\_\_\_
- YES NO VARIES Uses scissors with the thumb on top \_\_\_\_\_
- YES NO VARIES Uses crayons & paint brushes effectively \_\_\_\_\_
- YES NO VARIES Uses same hand consistently \_\_\_\_\_
- YES NO VARIES Writes first name \_\_\_\_\_

**WORK HABITS**

- YES NO VARIES Listens attentively in large groups \_\_\_\_\_
- YES NO VARIES Can follow individual directions \_\_\_\_\_
- YES NO VARIES Uses materials purposefully \_\_\_\_\_
- YES NO VARIES Cleans up after activities \_\_\_\_\_
- YES NO VARIES Usually follows school routine \_\_\_\_\_
- YES NO VARIES Helps with classroom tasks \_\_\_\_\_
- YES NO VARIES Shows persistence in problem solving \_\_\_\_\_
- YES NO VARIES Shows initiative \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Title \_\_\_\_\_

Please print name \_\_\_\_\_ Phone \_\_\_\_\_

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

Address of School \_\_\_\_\_

**THANK YOU FOR YOUR ASSISTANCE. Please return this completed form to :**  
 Director of Admissions, The Covenant School 175 Hickory Street Charlottesville, VA 22902  
 Phone (434) 220-7330 FAX (804) 979-3204