



Early Education Recommendation Form
(For students applying for Nursery or Preschool)

Section 1: To be completed by Parent

Applicant's Name _____

Current Grade _____

Applying For: ___ K2 ___ K3 ___ K4

My child is an applicant to Community Christian School. Please sign this confidential teacher recommendation form and mail or fax it directly to CCS. I waive my right of access and that of my son/daughter to this evaluation form.

 Name of Parent (please print)

 Signature of Parent

 Date

TO MAINTAIN CONFIDENTIALITY, RECOMMENDATION FORM MUST BE MAILED OR FAXED BY THE REFERENCE DIRECTLY TO CCS.

Section 2: To be completed by Student's Current Child Care Provider

Please give us your candid response to the following items by checking the box which you feel most closely describes the candidate.

Social & Emotional Development	Advanced for Age	Age Appropriate	Needs Development	No Basis for Assessment
Separates from parents				
Relates to adults				
Cooperates with adults				
Relates to peers				
Cooperates with peers				
Shows self-confidence				
Takes turns/shares				
Takes responsibility				
Asks for help when needed				
Adjusts to transitions				
Is willing to try new activities				
Expresses feelings appropriately				
Controls impulses				
Works well independently				
Cooperates in play				
Tolerance level for frustration				

Cognitive Development	Advanced for Age	Age Appropriate	Needs Development	No Basis for Assessment
Listens in a group				
Contributes to discussions				
Works cooperatively				
Completes tasks				
Moves easily between tasks (transitions)				
Exhibits problem-solving abilities				
Knows colors				
Knows shapes				
Recognizes number symbols				
Recognizes letters				
Knows body parts				
Demonstrates an interest in learning				
Ability to follow directions				
Physical Development				
Small muscle control and coordination				
Large muscle control and coordination				
Speech development (articulation)				
Language Development				
Articulates clearly				
Participates in discussions and activities				
Talks in full sentences				
Self Help Skills				
Can dress self				
Toileting				

Comments: _____

- | | | |
|--|-----|----|
| 1. Do you recommend this student for enrollment at Community Christian School? Please explain: | YES | NO |
| 2. To your knowledge, does the student possess any health or emotional problems that would prevent or hinder him or her from being able to participate in class? If yes, please explain: | YES | NO |
| 3. To your knowledge, has the applicant ever had any history of conduct problems such as biting, hitting, kicking, etc., which would disrupt the classroom environment? | YES | NO |
| 4. Would this child be allowed to re-enroll at your school? If not, please explain: | YES | NO |
| 5. Is he/she potty trained? | YES | NO |
| 6. What language is spoken in the child's home? If more than one, please list all. _____ | | |

Please provide any additional information that might be helpful in assessing this child.

Provider's Name _____ Position _____

Name of School _____ Address _____

City _____ State _____ Zip _____ Phone Number _____

Signed _____ Email _____