

PRESCHOOL RECOMMENDATION FORM Grades 3K and 4K

(Must be completed by a School Administrator, Guidance Counselor, Principal or Assistant Principal)

Name of Applicant: _____ Current Grade: _____

We would appreciate your observations regarding this applicant who is seeking admission to Florida Christian School. Please complete this form and mail or fax it to the Attn: Director of Admissions, Florida Christian School, 4200 SW 89 Avenue, Miami, FL 33165, or fax it to 305-226-8166:

Social-Emotional Development

- _____ I respect teacher's authority
- _____ I follow simple classroom rules and routines
- _____ I require only my share of attention
- _____ I participate in group activities
- _____ I interact well with others
- _____ I keep my hands to myself
- _____ I listen attentively

Math/Science Readiness

- _____ I can identify 4 basic shapes
- _____ I can identify 8 basic colors
- _____ I can make simple patterns
- _____ I can count objects
- _____ I can sort objects by shapes, sizes and colors

Work Habits

- _____ I make good use of time
- _____ I take care of materials
- _____ I work without disturbing others
- _____ I finish what I start
- _____ I clean up after work/play
- _____ I follow simple directions

Motor Development

- _____ I can perform some self-care tasks independently (washing hands, zipping, dressing)
- _____ I hold crayons correctly
- _____ I use scissors effectively
- _____ I can jump, hop, skip, gallop
- _____ I move with balance and control (climb, walk, run)

Language Development: Reading Readiness

- | | |
|--|--|
| _____ I can recite the alphabet (rote memory) | _____ I can identify letters introduced |
| _____ I can recognize my name | _____ I know sounds of letters introduced |
| _____ I can write my name | _____ I can blend two letter sounds together |
| _____ I can speak clearly so others understand | _____ I can identify likenesses/differences |
| _____ I show interest in books and stories | |

Has the child exhibited any of the following: Inattentive/Distracted Impulsive/Uninhibited Unable to work independently
 Easily frustrated Lethargic Fearful Withdrawn Diagnosis: _____

Is there something you would prefer to discuss by telephone? Yes No

Thank you for your time and effort in evaluating this student and assisting both the applicant and Florida Christian School.

Rosa Lobaina, Director of Admissions
 r.lobaina@floridachristian.org

Prepared by: _____ Title: _____
 School name and address: _____
 Telephone: _____ Email: _____
 Signature: _____ Date: _____