



Christ Community
Lutheran School

Christ Community Lutheran School

KINDERGARTEN

Student Recommendation Form

Date: _____

Name of Student: _____ Phone: _____
First Middle Last

Address: _____ City: _____ Zip: _____

Current School: _____ Applying for Grade: _____

Name of Parent: _____ Signature: _____
Please print

Dear Administrator:

The above student has applied for admission to Christ Community Lutheran School. Please have this form completed by a person on staff who knows the student very well. That could be yourself, a counselor, or a teacher. Please return the completed form to Christ Community Lutheran School by fax or by mail to the above address. Do not return the form to the applicant or applicant's parent.

Item	4	3	2	1	Rating
Social Development	Interacts well with others	Usually interacts well with others	Difficulty with peer relationships	Unable to form peer relationships	
Self Help Skills	Usually independent	Somewhat independent	Somewhat dependent	Totally dependent	
Gross Motor	Well coordinated	Emerging skills (run, balance, skip)	Runs with uneven gait	Difficulty with balance	
Fine Motor	Uses correct pencil and scissor grip	Somewhat competent w/pencil and scissor	Scribbles or is awkward with pencil	Cannot hold pencil or scissor	
Expressive Language	Retells story in detailed sequence	Uses complete sentences	Difficult to understand	Does not talk well for age	
Language Comprehension	Follows 3-4 step directions	Listens attentively for 5 minutes	Usually needs redirection	Unable to focus	

To the best of your knowledge, are there any known and diagnosed learning differences? Yes No

If yes, please explain: _____

To the best of your knowledge, does the family meet their financial responsibilities? Yes No

Recommendation: HIGHLY RECOMMEND RECOMMEND
 RECOMMEND WITH RESERVATION DO NOT RECOMMEND

Additional comments:

Signature: _____ Title: _____ Date: _____

School: _____ Telephone: _____