



Victory Family School

EARLY CHILDHOOD RECOMMENDATION FORM (PRE-Kindergarten and Kindergarten)

Victory Family School, 4343 N. Flood Avenue, OK 73069

Please have the referring teacher return this form directly to Victory Family School

Applicants Name:

Last

First

M.I

Dear Early Childhood Teacher,

The above named student is applying for admissions to Victory Family School. Your evaluation of the student will be an invaluable tool in the admission process. The applicant's file will not be complete without the return of this form. Thank you in advance for your time and your comments.

Child is Currently in: Pre-School Pre-Kindergarten Kindergarten

Please indicate your preference of the applicant. This information may or may not be shared with the parents.

1. FAMILY

- Supports Child
- Supports School

Poor

Fair

Average

Above Average

Exceptional

2. SOCIAL/EMOTIONAL DEVELOPMENT

- Attention Span
- Ability to follow directions
- Ability to Complete tasks
- Ability to work in groups

- Attitude toward teachers
- Attitude toward peers
- Confidence
- Sense of Humor
- Positive Reaction to correction
- Cooperation

Poor Fair Average Above Average Exceptional

3. SCHOOL PERFORMANCE

- Remains on task
- Works independently
- Shows adequate fine motor skills
- Grips pencil correctly

Poor Fair Average Above Average Exceptional

4. WHOLE GROUP OBSERVATIONS

- Attention span
- Participation
- Listening skills
- Follows oral directions

Poor Fair Average Above Average Exceptional

5. CONCERNS (Circle any that apply)

Aggressive	Argumentative	Hands Always Busy	Manipulative
Cries Easily	Hands on Others	Easily Distracted	Defiant
Makes Noises	Other (Please Specify)	<hr/>	

6. GENERAL OBSERVATIONS (Please check one per row)

Working Preference

€ Plays Alone € Plays with Others

Verbalization with Peers

€ Rare € Frequent

Involvement

€ Needs Help € Self-Directed

Language Use

€ Verbalizes Hesitantly € Verbalizes Confidently

7. I have personally known this child for _____ months/years.
8. Does the student have any significant limitations? (Physical, social, mental, emotional)

9. Are you aware of any circumstances that may affect the child's success in school? If yes, please explain.

TEACHER NAME (please print): _____

Position: _____

School: _____

Email: _____

Signature _____ Date: _____

Please write any additional helpful comments on the back.