

Village Christian Academy

Teacher Recommendation Form for Kindergarten

Name of Student: _____ Date: _____

Name of Present School: _____

Address: _____

Teacher's Name: _____ Teacher's Signature: _____

The parents of the student listed above have requested Village Christian Academy to consider their son/daughter for admission. The School Admissions Office would appreciate your prompt response to the information requested. Your assistance is essential in evaluating the applicant in relation to our academic program. This form is to be completed and **mailed** by the preschool teacher of the applicant to the Village Christian Academy Office at the following address: **908 S. McPherson Church Road, Fayetteville, NC 28303.** Thank you for your assistance in helping us become better acquainted with this student.

STUDENT EVALUATION

ACADEMIC	NOT YET	SOME OF THE TIME	MOST OF THE TIME
Recognizes all upper case alphabet			
Recognizes all lower case alphabet			
Identifies all letter sounds			
Recognizes numbers 0 - 10			
Counts objects 0 - 10			
Writes first name using correct upper and lower case letter placement			
Uses appropriate fine motor skills (tracing, cutting, pencil grip)			
BEHAVIOR			
Keeps hands and feet to self			
Pays attention appropriately			
Respects adults			
Raises hand before speaking			
Works independently			
Uses good listening skills			
SOCIAL			
Plays well with peers			
Responsible for belongings			
Refrains from excessive crying			
Refrains from wetting pants			
Separates easily from parents			

If you would like, you may provide additional information about this student: _____
