



PRESCHOOL RECOMMENDATION FORM – Incoming PreK-3/PreK-4 and Kinder

(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: FCS Admissions Team, Florida Christian School, 4200 SW 89 Avenue, Miami, FL 33165, or fax it to 305-226-8166, or via email to admissions@floridachristian.org.

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 recognize my name
- _____ I can write my name
- _____ I can speak clearly so others understand
- _____ I show interest in books and stories

- _____ I can identify letters introduced
- _____ I know sounds of letters introduced
- _____ I can blend two letter sounds together
- _____ I can identify likenesses/differences
- _____ I can read these words: _____

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 Easily frustrated Lethargic Fearful Withdrawn Diagnosis: _____

Please note significant strengths: _____

Please note any areas of concern: _____

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.

Prepared by: _____ Title: _____

School name and address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____