



KINDERGARTEN RECOMMENDATION FORM

Student's Name: _____ Date of birth: _____

Present School: _____

Please rate the above named student by using the following scale:

- 5 – Excellent 3 – Average 1 – Poor
- 4 – Above Average 2 – Below Average 0 – Needs special help

- Self Discipline
 - Relates well w/ peers [gets along w/ other students] _____
 - Respects school rules [tries to do what is right] _____
 - Respects authority [accepts discipline] _____
- Oral communication skills [how well the student speaks] _____
- Overall classroom behavior [how does behavior compare to peers] _____
- Spiritual respect [respects school's religious program] _____

Explain those items above which are below average: _____

Comment on the items above which are above average: _____

Does this student have special needs? _____

Do parents support teachers and reinforce discipline? YES NO

Have parents met financial obligation to school? YES NO

If no, please explain _____

Are parents receiving tuition assistance? YES NO

_____ I recommend this student: ___ Strongly ___ Fairly Strongly ___ With reservation

_____ I do not recommend this student. **[Please explain on back of page]**

Signature of teacher or director: _____ Date: _____

**Please return in a sealed envelope to: Ascension Lutheran School
17910 S. Prairie Avenue
Torrance, CA 90504**

Phone: 310-371-3531 Fax: 310-214-4657

