

**2021-2022 Kindergarten**  
**Student Recommendation**



*To be completed by current caregiver or director.*

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Current Child Care Center: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Dear Sir or Madam:

The above student has applied for admission to St. John's Lutheran School in Bakersfield, CA. Please complete the following information as accurately as possible.

*Do not return the form to the applicant's parent.  
See instructions below for submitting this recommendation.*

Please check as appropriate

**ACADEMIC SKILLS**

- Recognizes Alphabet Upper Case Letters: All 26  20-26  15-20  10-15  Fewer than 10
- Recognizes Alphabet Lower Case Letters: All 26  20-26  15-20  10-15  Fewer than 10
- Identifies Short Vowel Sounds: a  e  i  o  u
- Identifies Consonant Sounds: Most  Some  None
- Recognizes Numerals 0-10: All 11  Most  Some  None
- Recognizes Numerals 1-20: All 10  Most  Some  None
- Writes Numerals 0-10: All 11  Most  Some  None

Counts to \_\_\_\_\_ Highest number correct \_\_\_\_\_

**FINE MOTOR SKILLS**

- Correct pencil grip
- Correctly holds and uses scissors
- Has control over pencil stroke

**HANDWRITING**

- Writes first name using correct capital and lower case formation
- Writes last name using correct capital and lower case formation

Comment on academic skills. Please give strengths and weaknesses.

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**BEHAVIOR/DEVELOPMENTAL SKILLS**

**Follows Directions**

- Follows two step directions
- Completes a task independently

**Attention Span**

- Focuses in a group setting
- Focuses one-on-one
- Sits in a seat for at least 15 minutes
- Works independently for 10 minutes or more
- Listens attentively and effectively

**Speech**

Child easily understood by peers and teachers  Child can be difficult to understand

**Behavior**

Accepts responsibility for actions  Exhibits self-control  Accepts teacher authority   
Accepts parent authority  Able to share  Handles little upsets during day   
Plays well with others

**DEVELOPMENTAL MATURITY**

Ready for a structured environment  Separates easily from parent  Toilets independently   
Dresses self after toileting  Washes hands independently

Comment on behavior and developmental skills. Please give strengths and weaknesses.

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**ATTENDANCE** Regular  Irregular  If irregular, please explain \_\_\_\_\_

**OVERALL READINESS FOR KINDERGARTEN**

Academic: Should be ready  May not be ready  Not sure at this time   
Behavioral: Should be ready  May not be ready  Not sure at this time

Please explain your thoughts on this child's readiness: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

Please add any other helpful information for us to consider for enrollment purposes.

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If you have additional comments you would like to share, please attach them to this form.

**Recommendation:**

Highly Recommend  Recommend  Recommend with reservation  Do Not Recommend

If the need arises, may we contact you to discuss the applicant further? Yes  No

Completed by \_\_\_\_\_ Signature \_\_\_\_\_

Title/Position \_\_\_\_\_ Date completed: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Mail, fax, or email completed form to:**  
St. John's Lutheran School, 4500 Buena Vista Road, Bakersfield, CA 93311 Attention: Admissions  
**Fax:** (661) 664-1327 **Email:** school@sjlschool.org