



**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

