



Kindergarten Recommendation Form

Dear Teacher or other involved adult,

_____ has applied for admission to Kindergarten at SLO Classical Academy. In order to properly place him/her, we would greatly appreciate your appraisal of this child when compared to others his/her age. All replies are confidential. Please check the boxes that most closely reflect your opinions. **(1=low, 5=high)**

	1	2	3	4	5	Comments
Shows interest in reading readiness						
Shows interest in math readiness						
Controls pencil/scissors						
Fine motor skills						
Gross motor skills						
Adequate attention span						
Is able to listen and follow directions						
Shows self-control						
Works and plays well with others						
Completes tasks in an orderly fashion						
Transitions easily between activities						

Does the student have any physical, academic, or emotional problems of which you are aware?

Has the student received special services in speech, counseling, special education, etc?

Please return this form directly to SLO Classical Academy, P.O. Box 3601, San Luis Obispo, CA 93403, or fax to 805-548-8701, or drop it off at the SLO Classical Academy Office at 165 Grand Avenue between the hours of 8:30 – 3:00 p.m. Monday – Thursday. If there are any questions, please call the office at 805.548.8700.

Signature of Teacher or Other Involved Adult

School and Grade if Teacher Completed

Date

Phone Number