

SCHOOL RECOMMENDATION FORM

For applicants to Lerner School's Kindergarten Program

_____ is seeking admission to the Lerner School's Kindergarten program. Please provide a candid assessment of this student to assist in the evaluation process. Please use a separate page for further comments in any category. All information shared in this recommendation is strictly confidential, and will only be shared with the Admissions Committee. Please send this form to the address below. Questions? Please contact Admissions at 919.286.5517 x223 or admissions@lernerschool.org. Thank you!

	Usually	Sometimes	Seldom	Comments
Social Development				
Interacts well with other children				
Interacts well with adults/teachers				
Shares well with others				
Initiates play activities				
Is imaginative				
Works well independently				
Skill Development				
Is attentive				
Listens in a group				
Contributes to discussions				
Follows directions				
Works cooperatively				
Completes tasks in a timely manner				
Can focus on one task				
Respects classroom routines				
Changes activities easily				
Willing to try new activities				
Is a self-starter				
Expresses ideas well				
Displays creativity				
Exhibits problem solving abilities				
Academic Readiness				
	YES	NO		
Recognizes most upper case letters				
Recognizes most lower case letters				
Knows the alphabet in a-b-c order				
Recognizes random letters				
Recognizes basic colors				
Recognizes random numbers from 1-20				
Can match numbers to quantities				
Can count from 1 to _____				
Can recognize a pattern (such as a-b,etc.)				
Recognizes rhyming patterns				
Knows birthday				
Recognizes basic shapes				
Is able to write name:	Indicate which: ____ first ____ last			



the **LernerSchool**
Learning for Life

1935 W. Cornwallis Road
Durham, NC 27705
919.286.5517
919.286.5035 fx
www.lernerschool.org

Small Muscle Control/Coordination	Outstanding	Age Appropriate	Needs Development
Pencil grip			
Cutting skills			
Coloring skills			
Tracing Skills			
Shows right or left preference:	Indicate which: ___ R ___ L		
Large Muscle Control/Coordination			
Skipping/Hopping			
Able to control bladder/bowel movements			
Catching a ball			
Speech Development			
Verbalizes needs clearly			
Uses correct sound formation			
Uses appropriate speech patterns			

Additional Comments:

Teacher name: _____ School: _____
 Relationship to applicant: _____ Phone: _____
 Email address (optional): _____

Please send this form and additional material (testing, evaluations, etc.) to:

Lerner Jewish Community Day School
 Attention: Admissions Office
 1935 West Cornwallis Road
 Durham, North Carolina 27705



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