

# Confidential Student Recommendation Ages 2-6 (Little Stars-Kindergarten)

Name of Student \_\_\_\_\_

Applying for: \_\_\_\_\_ Age 2 (Little Stars Program) \_\_\_\_\_ Ages 3-6 (Preschool/PreKindergarten/Kindergarten)

What is your relationship to the student?

Current teacher  Former teacher  Principal  Relative/Family friend

If you selected teacher, in what capacity did you teach the student? \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

What are the first words that come to mind in describing the student? \_\_\_\_\_

Please describe as best you can any special interests the student has at school. \_\_\_\_\_

## Please check the response that best applies to the student.

General reaction:

- Very friendly
- Friendly
- Shy
- Withdrawn

Behavior:

- Good control
- Poor control
- Improving

Sense of self:

- Bold
- Confident and assured
- Doubtful and unsure

Follows directions:

- Very well and always
- Well and always
- Fair and not always
- Poorly and seldom

Interacts with other children:

- Very well
- Well
- Has trouble making friends

Separates from caregiver:

- Easily
- With reluctance
- With great reluctance
- Adjusts once away from caregiver
- Remains unhappy while away from caregiver

*We appreciate additional comments or observations concerning the strengths, weaknesses, health, or special needs of this student, or any other information you think would be helpful. Please use this space, a separate sheet of paper or the back of this sheet for further comments in any category. Thank you for your time.*

\_\_\_\_\_  
School Name (if applicable)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone (cell, home or work)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Date

**Please return Recommendation Form to:**

Oneness-Family School  
Attn: Office of Admissions  
6701 Wisconsin Ave.  
Chevy Chase, MD 20815

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