

2024-2025 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  
**Email:** school@sjlschool.org