



# Mountain View Lutheran Church and School

9550 W Cheyenne Ave | Las Vegas, NV 89129 | 702.233.9323

## Early Childhood - Kindergarten Student Recommendation Form

**Parent/Guardian:** Please complete this portion of the form, then return the form to your student's Early Childhood Director or Teacher.

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current School: \_\_\_\_\_ Program Applying for: \_\_\_\_\_ For School Year: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Early Childhood Director/Teacher:** The above student has applied for admission to Mountain View Lutheran Church and School. Please have this form completed by the teacher who best knows the student. This form must be received to complete the student's application. The information provided will remain **confidential** and will not be shared with the student or their family. Please contact Mountain View Lutheran Church and School's Office at 702.233.9323 with any questions.

Please return this document to:

Mountain View Lutheran Church and School by either: fax (702.360.2099) or email (schooloffice@mvcls.org)

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Email/Phone: \_\_\_\_\_ Years You Have Known this Student: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Circle the appropriate rating for each section:

4 = Area of Strength, 3 = Appropriate for Age, 2 = Progressing Toward Age Appropriate, 1 = Needs Additional Support

<b>Social/Emotional:</b> Good self image, shares with others, appropriately controls feelings, uses words to communicate, seeks help when needed, separates from care giver, is kind to others.	4	3	2	1
<b>Self-Regulation:</b> Can follow directions, can problem solve, can play cooperatively, stays on task, works independently, can pick up and organize, uses proper names.	4	3	2	1
<b>Communication:</b> Speaks clearly, speaks in sentences, answers questions, can wait their turn to speak, can share during circle time, can recite the alphabet by memory, recognizes their name, understands capital/lower case letters.	4	3	2	1
<b>Physical (Gross Motor Skills):</b> Can ride scooter/tricycle, can run/skip, can climb a ladder, can hop and crawl.	4	3	2	1
<b>Physical (Fine Motor Skills):</b> Can pinch, can grasp a pencil and scissors correctly, can fasten and unfasten, can thread/lace, can write their name, can pour.	4	3	2	1
<b>Auditory/Verbal:</b> Can listen quietly through story time, can respond to stories by answering questions, can wait for others to finish before speaking, can verbally share their feelings, can discuss calendar events, can control the volume of their voice, can verbally share with others.	4	3	2	1

Are there any known and diagnosed learning differences?  Yes  No

If yes, please explain: \_\_\_\_\_

In your opinion, will this student be ready for full-day kindergarten?  Yes  No  Not Applicable

Is this family in good financial standing with your school?  Yes  No

Please contact me personally, regarding this student and/or family. Best time to call: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional comments may be written on the back of this form.

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