



Student Recommendation Form for JPK, PK & Kindergarten

The Admission Committee finds candid evaluations quite helpful and appreciates your cooperation in giving as full an appraisal as possible for this student. *All information provided will be held in absolute confidence and students, parents, and guardians will not have access to such information. This will remain confidential and not become part of the student's permanent academic record.*

Applicant's Name _____ Date _____
 Current School _____ School Phone # _____
 Teacher's Name _____ Teacher's Email _____

Social & Emotional Development	Always	Usually	Sometimes	Never
Shows respect for authority				
Transitions easily				
Enjoys school				
Cooperates with teachers				
Exhibits self-confidence				
Shares well and takes turns				
Separates easily from parents				
Demonstrates self-control				
Is willing to try new activities				
Expresses negative feelings appropriately				
Accepts re-direction well				
Accepts responsibility for own behavior				

Language	Always	Usually	Sometimes	Never
Speaks clearly				
Speaks in complete sentences				
Expresses ideas				
Responds appropriately to instructions				
Processes auditory information				

Learning Behaviors	Always	Usually	Sometimes	Never
Listens in a group				
Contributes appropriately during group time				
Follows simple directions				
Can sit for an appropriate amount of time				
Completes tasks in allotted time				

Physical Development	Excellent	Good	Fair	Poor	N/A
Fine motor skills					
Gross motor skills					
Hand/Eye Coordination					
Coordination					

Please check the characteristics that describe this child:

	Agreeable		Aggressive		Angry		Assertive
	Compulsive		Cooperative		Demanding		Distractible
	Enthusiastic		Even-tempered		Expressive		Impulsive
	Nervous		Shy		Outgoing		Overly Active
	Quiet		Confident		Talkative		Well-mannered
	Withdrawn		Happy		Respectful		Flexible

Overall

Comments: _____

Attendance: **Excessive Absences:** yes no **Excessive Tardies:** yes no

If yes, please explain: _____

If you would be willing to discuss this student by phone, please indicate the best way to reach you.

Ph. # _____ Best time to reach: _____

We truly appreciate the time you have invested in this student's application.

Name _____ **Signature** _____

Please return completed form to the Admissions Office either by mail (Bright School, 1950 McDade Lane, Chattanooga, TN 37405), fax (423-265-0025) or email (bmoore@brightschool.com).