

Southside Christian School 2019-20 Teacher Recommendation Form **Kindergarten Prospective Student**

(This form is to be completed by the Preschool-Kindergarten teacher)

Key: Y: Yes	N: No	S: Sometimes					
The Studen	t:						
					N	S	
	is able to pay attention			Y Y	N	S	
	erates easily			Y	N	S	
	÷ •				N	S	
5. has f	has friendly interactions			Y	N	S	
6. is abl	is able to handle classroom transitions			Y	N	S	
7. plays	plays well with others			Y	N	S	
	is able to complete an activity in an appropriate time frame			Y	N	S	
	independent d	lresser		Y	N	S	
	articulates well				N	S	
11. follo	11. follows classroom routine and rules				N	S	
	s promptly			Y	N	S	
		ct and independent bathroom sl		Y	N	S	
14. is capable of changing activities without difficulty				Y	N	S	
15. plays alone appropriately				Y	N	S	
	xtreme mood			Y	N	S	
	es with adults/o			Y	N	S	
		riate problems well		Y	N	S	
	pts to hurt or			Y	N	S	
	dequate vocab			Y	N	S	
		priate table manners		Y	N	S	
	in complete se			Y	N	S	
23. can b	e quiet when a	appropriate		Y	N	S	
24. demo	onstrates fine r	notor skills appropriate for age	level	Y	N	S	
Child's Name:				DOB:			
School's Name:				Phone #:			
Teacher's Name:				Date:			
		e personal comments about the the back of this page if necessa		notional,	and dev	elopmental level of	

After completion, please email or mail to:

Southside Christian School 299 Carlton Street Clayton, NC 27520 Email: jdavis@scswarriors.com

919-553-7652