



Recommendation Form For Admission to Kindergarten

Name of Child: _____ **Applying to Grade:** _____

Parent: I understand and agree that this reference form is confidential and will be used for the purpose of admissions assessment at AISA and will not be shared by anyone outside the Admissions Committee. I waive any right that I may have to see it.

Signature of the Parent or Guardian

Date

Principal or Teacher: Please complete this form and email it to the AISA Registrar's Office at admissions@aisa.sch.ae or send it in a sealed envelope to the school mailing address. This form will be treated with high confidentiality and will not be shared with the parents. Thank you for your time and cooperation.

The child's application cannot be processed until this form is received in our Office of Admissions.

Check the child's developmental progress in the following areas:

	Above Level	On Level	Below Level	Significant Concern
Cognitive Development				
Emotional Development				
Motor Development				
Social Development				
Speech & Language Development				
Separation Issues				

Check the child's performance of tasks:

	Has Mastered	Developing	Not Yet
Using Scissors			
Using Crayons			
Writing Own Name			
Expressing Self			
Assembling Puzzles			
Looking at Books Independently			
Recognize Basic Shapes			
Can Count Numbers (1-20) or more			



Check the child's attitude and behavior:

	Very Good	Good	Needs Improvement	Unsatisfactory
Attitude				
Behavioral Management				
Follows Directions/Completes Tasks				
Attentive/Focused				
Relationship With Peers				
Relationship With Adults				

Please check Yes or No:

	Yes	No
Does the child have any stories memorized that he/she can read to you?		
Does the child pretend to read stories aloud to you?		
Does the child need an Individual Education Plan (IEP)?		
Has the child received extra support in school (ELL, special education)?		
Has the child received speech therapy?		
Has the child received occupational therapy?		
Has the child seen any outside specialist?		

Is there any diagnostic testing evaluation or results for this child that you are aware of? If so please give details _____

Are there any special strategies or interventions you recommend be used with this child? If so please give details _____

How would you describe the parents' role in their child's education and their support of your school's policies and rules? _____

Name: _____

Title: _____

School: _____

Email Address: _____

Date: _____

Signature: _____

Please add the school Stamp.