



Early Admission to Kindergarten Recommendation Form

Nash County Public Schools
Department of Curriculum and Instruction

**To be completed by preschool teacher, child care worker, pediatrician,
or other adult with direct knowledge of the child.**

Child's Full Name _____ **Date of Birth** ___/___/___

Individual Completing Recommendation (please print) _____

Organization or Preschool _____

Relationship to Child _____

This questionnaire helps us to know how well this child takes care of himself/herself and gets along with others. It is important that you respond carefully. Each statement asks whether the child *does* these activities, not whether they *can do* them. Please be sure to respond to each item, even if the activity seems too old or too young for the child, using the following rating **A** =Almost Always, **F** = frequently, **S**= sometimes, **N**= never or almost never, and **U** = unknown.

Description of Behavior	A	F	S	N	U
Tells experiences in detail when asked; for example, describes what he/she did during the day					
Can write his/her name					
Shows eagerness to learn (is curious, likes to investigate)					
Listens for meaning in stories, discussions, and conversations					
Speaks clearly to share ideas and thoughts					
Demonstrates a beginning understanding of written print					
Identifies story elements such as characters, setting, plot, and sequence					
Recognizes some sight words other than family names					
Can recognize and describe basic shapes					
Can orally count from 0 - 25					
Can count objects up to 25					
Demonstrates a beginning understanding of mathematical problem solving, such as addition and subtraction					
Can recognize, duplicate, and extend simple patterns (red circle, blue square, red circle, blue square)					

Description of Behavior	A	F	S	N	U
Is able to sit and remain focused to complete a task					
Understands the importance of taking turns and readily does as such					
Interacts easily with one or more children					
Interacts easily with adults					
Separates without difficulty from parents					
Follows rules and routines					
Handles change and transition (dinnertime to bedtime)					
Performs self-help tasks independently (toileting, dressing)					
Uses balance and control to perform large motor tasks such as walking, jumping, and skipping					
Uses eye/hand coordination to perform fine motor tasks such as drawing, writing, and cutting					

Based on your interaction with this child, would you recommend him/her for early admission to kindergarten? Keep in mind the child's ability to *function independently in a group setting* for an entire school day. Please elaborate on your response.

Your signature _____ Date _____

Phone number where we may contact you if needed _____