



## Recommendation Form (K-3<sup>rd</sup> Only)

To the Applicant: Please type or print your name in the space below and then give this form to your current teacher with a stamped enveloped addressed to Eagle's View Academy Admissions Office, 7788 Ramona Boulevard W., Jacksonville, FL 32221

Name of student: \_\_\_\_\_ Applying to grade \_\_\_\_\_

To the Parent/Guardian: Please read and sign the statement below:

For the student named above, I authorize the release of school records, including the results of academic testing. I acknowledge that I waive my right to read the confidential recommendation.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Social and Emotional Development</b>	<b>Exceeds Age Expectations</b>	<b>Age Appropriate</b>	<b>Needs Development</b>
Listens			
Cooperates			
Asks for help when needed			
Responds well to feedback			
Tolerates frustration			
Adjusts to transitions			
Demonstrates self-control			
Works well with peers			
Interacts respectfully with teachers			
Overall behavior is predictable			

<b>Academic</b>	<b>Exceeds Age Expectations</b>	<b>Age Appropriate</b>	<b>Needs Development</b>
Speaks using complete sentences			
Maintains focus in small groups			
Maintains focus in large groups			
Demonstrates ability to focus on independent tasks			
Completes tasks in allotted time			
Grasps concepts			
Recalls details			
Follow directions			
Works carefully and neatly			
Utilizes materials appropriately			

<b>Physical</b>	<b>Exceeds Age Expectations</b>	<b>Age Appropriate</b>	<b>Needs Development</b>
Fine motor skills			
Gross motor skills			
Speech and articulation			

To your knowledge, has this child ever been referred for psychological or educational testing?  
Please explain.

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To your knowledge, has this child ever been involved in a behavior modification program?  
Please explain.

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Additional Comments: \_\_\_\_\_

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I recommend this student for admission

- with great enthusiasm
- with confidence
- with reservation
- I do not recommend

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School & Position

\_\_\_\_\_  
Date

**Please return this form to**

**Eagle's View Academy  
Office of Admissions,  
7788 Ramona Boulevard W.  
Jacksonville, FL 32221**