INDEPENDENT SCHOOL STUDENT RECOMMENDATION
(Kindergarten & First Grade)

POWHATAN SCHOOL
EST. 1948

Name of Student: _____

Application for grade ____. I have known this candidate for ____ years/months. Date: _____

To the teacher or school director: We appreciate your cooperation in completing this form. You may place your check mark in any column to the right that best represents the child. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing.

SOCIAL DEVELOPMENT	USUALLY	SOMETIMES	SELDOM
Can be a friend			
Is supportive of peers			
Is comfortable with adults			
Plays alone happily			
Cooperates in play			
Shares well			
Initiates play activities			
Is imaginative			
Has the capacity to lead			
Has the capacity to follow			
Uses material purposefully			

PHYSICAL DEVELOPMENT	OUTSTANDING	AGE APPROPRIATE	NEEDS DEVELOPMENT
Small muscle control & coordination			
Large muscle control & coordination			
Speech Development (articulation)			

*Please identify any special needs, including auditory and visual development

PRE-ACADEMIC SKILL DEVELOPMENT	USUALLY	SOMETIMES	SELDOM
Is attentive			
Listens in a group			
Contributes to group discussions			
Works cooperatively			

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PRE-ACADEMIC SKILL DEVELOPMENT	USUALLY	SOMETIMES	SELDOM
Completes tasks			
Demonstrates ability to focus on a task			
Respects classroom routines			
Moves easily from one activity to another			
Responds positively to constructive criticism			
Is curious			
Is willing to try new activities			
Is a self-starter			
Enjoys new challenges			
Exhibits problem solving abilities			
Expresses ideas well			

If you have additional comments for any of the areas above, please use a separate sheet of paper to comment.

Personal Characteristics: Please describe the child and include comments on his/her personality, maturity, confidence, assertiveness, humor, and degree of independence. We welcome any information which you think would be helpful. You may use a separate sheet of paper, if you wish, for further comments in any category. Thank you for your assistance.

Parent Involvement: Please tell us about the applicant's parents regarding their cooperation and involvement with the school.

_____ _____

Signature Print or type name

Please submit to the Office of Admissions:
Powhatan School
49 Powhatan Lane
Boyce, VA 22620
PHONE: 540.837.1009
FAX: 540.837.5061
EMAIL: mikehatfield@powhatanschool.org