



PRINCIPAL/COUNSELOR/TEACHER RECOMMENDATION FORM FOR KG1 AND KG2 APPLICANTS

Name of applicant: _____ Applying for Year Level: _____

Counselor, Principal or Teacher

Please rate the performance of the above named student using the scale provided. For responses rated a 1 or 2, please provide comments. Return it in an envelope, or email it to the Office of Admissions listed below. This recommendation form will be treated confidentially and will not be shared with parents.

Thank you for your cooperation.

Activity	Needs					Comments
	Improvement			Excellent		
Attends school on a regular basis	1	2	3	4	5	
Is on time to class	1	2	3	4	5	
Completes class assignments on time	1	2	3	4	5	
Demonstrates eagerness and capacity to learn	1	2	3	4	5	
Engages in school activities	1	2	3	4	5	

Please check Yes or No	Yes	No
Does this student have special behavioural, psychological or emotional needs that might impact the student's chances of success in school?		
Is this student receiving any special medication related to assisting him/her in the school setting?		
Are there any special strategies or interventions that have been used with this student that you would recommend?		
Do you have any reason to suggest that this student be evaluated and/or referred for specialized support?		
Has this student ever received the services listed below? -English as a Second Language (ESL) -Special education support -Academic Support/tutoring -Speech therapy -Occupational therapy -Counseling/therapy		



Please check how you would rate this student's character and work habits:

	Excellent	Very good	Good	Needs improvement	Unsatisfactory	N/A
Respects school rules						
Respects others						
Uses self-discipline						
Follows directions						
Works independently						

What do you see as the student's area(s) of strengths and difficulties?

Is this student toilet trained? Yes / No

Indicate student's overall academic placement (circle): Exceeds Meets Below

Would this student be permitted to re-enroll in your school? If no, please explain.

Principal/Teacher/Counselor information:

Name: _____ Email: _____

School: _____ Signature: _____

Please send this form by email to:

Admission Officer

English Modern Kindergarten

emkg@emswakra.net