

Rivermont Collegiate
Admission Office Preschool – Pre-Kindergarten
Recommendation Form



This form is used by Rivermont Collegiate in the assessment of candidates applying for admission to Preschool and Pre-Kindergarten. Your honest evaluation of the applicant will be helpful to the Admission Office. Please complete this form and send the original or FAX a photocopy directly to the school. Your comments will be held in strict confidence, will not become a part of the student's school file and, will not, therefore, be available for student or parent review.

Name of applicant: _____

Please check the box that best applies to each category:

<i>Social/Emotional Development</i>	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectations
Cooperates				
Shares well				
Becomes engaged with peers				
Is imaginative				
Shows ability to lead				
Shows ability to follow				
Exhibits curiosity				
Shows confidence				
Self-discipline/control				
Separates from parent				
Respect for authority				
Works independently				
Concern for others				
Tolerates frustration				
Resolves conflicts independently				

<i>Pre-academic Skill Development</i>	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectations
Works cooperatively				
Listens in a group				
Can focus on one task				
Is a self-starter				
Completes tasks				
Understands direction				
Understands sequences				
Remembers information				
Makes transitions easily				
Expresses thoughts				
Enjoys listening to stories				
Contributes appropriate remarks to discussions				
Creative ability				

<i>Physical Development</i>	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectations
Fine motor control				
Gross motor control				
Resilience				
Speech development				

Please comment on student's general health/attendance: _____

How many days per week does this child attend your program: _____ Hours? _____

Please comment on each of the following regarding this child:

1. Favorite activities: _____
2. What adjectives come to mind when describing this student: _____
3. Parent cooperation, involvement and relationship with student: _____

Name of person completing assessment _____

School _____ Telephone _____

Please complete this form as soon as possible and return it to the Office of Admission & Financial Aid, Rivermont Collegiate, 1821 Sunset Drive, Bettendorf, IA 52722. If you prefer to FAX this form, please send it to (563) 359-7576. Thank you very much for your assistance.