



Mission Dolores Academy
 3371 16th St.
 San Francisco CA 94114
 t: 415.346.9500
 f: 415.346.8001
 email: Admissions@mdasf.org

Kindergarten and First Grade

Current School Recommendation Form

Student Name: _____ Current Grade: _____ DOB: _____

To the Parent/Guardian:

Print the above information and read and sign the statement below. Submit this form to your child's current teacher. They will send it directly to the admissions office at M.D.A. via mail, fax or email.

For the child named above, I authorize to release the information on this form to Mission Dolores Academy and understand that I will not have access to this confidential information. In addition, I permit my child's current school staff to speak with any inquiring admission staff. All communication between schools will remain confidential and I will not have access to the content of any conversation.

Name of Parent/Guardian(printed): _____ Date: _____

Signature of Parent/Guardian: _____

To the Teacher:

Please make sure the parent/guardian has filled out and signed the information above. Photocopy this completed form and send it directly to the admissions department at M.D.A. via email (to Admissions@mdasf.org) fax (415-346-8001) or mail. File the original form for your records. We sincerely appreciate your cooperation in helping to evaluate this student and assure you that this information will be remain confidential.

How long have you known this child? _____ Is English the child's primary language? _____ Language If not English : _____

Length of School Day: _____ Number of day per week: _____ Date of entry to your program: _____

What three words come to mind when describing this child?:
 _____ / _____ / _____

For each of the items in the tables below, please check the most developmentally age-appropriate description of this child.

Pre-academic Characteristics

	Not Evident	Emerging	Age Appropriate	Advanced	Exceptional
Fine Motor Coordination (lacing puzzles, etc.)					
Uses appropriate Pencil Grip					
Draws with Details					
Speech is Clear and Understandable					
Vocabulary					
Asks questions to extend understanding					
Sound-symbol Correspondence					
Recognizes Letters: Upper Case					
Lower Case					
Recognizes Numerals					
Recognizes Shapes					
Transitions Easily					
Listens to Directions					
Follows Directions and Competes Tasks					
Attention Span for Teacher-led activity					
Ability to work independently					

Hand Dominance: Right Left Not Established

Comments: _____

Personal Characteristics

	Not Evident	Emerging	Age Appropriate	Advanced	Exceptional
Self-Help Skills (Clothes, Bathroom, Lunch, etc.)					
Self-Motivation					
Demonstrates Self-Esteem					
Acceptance of Limits					
Sense of Humor					
Curiosity					
Attention Span/ Self-Chosen Activity					

Usually Takes Role of: Leader Follower Varies

Comments: _____

For each of the items in the tables below, please check the most developmentally age-appropriate description of this child.

Social & Physical Development

	Not Evident	Emerging	Age Appropriate	Advanced	Exceptional
Separation from Parents/Guardians/Caregivers					
Ability to Wait His/Her Turn					
Cooperative Attitude					
Accepts Responsibility for Actions					
Uses Language to Problem Solve					
Demonstrates Self -Control					
Interaction with Peers					
Participates in Physical Group Activities					
Gross Motor Coordination					

Usually Chooses: Large Group Small Group Alone

Comments: _____

Family Information

	Didn't Observe	Rarely	Sometimes	Usually	Consistently
Has Realistic Expectations of Child					
Follows Through with School Recommendations					
Participates in School Activities					
Cooperates with Classroom Teachers					
Cooperates with School Administrators					
Is Punctual with Drop off and Pick Up Procedures					

Comments: _____

What are the child's greatest strengths?

What are the child's greatest challenges?

Describe this child's approach to learning (hands on, visual, kinetic, auditory, logical) and/or what kind of classroom environment would be a good match for this child.

Is there any information that can be better conveyed by telephone?:

Yes No

Phone Number: _____ Best Time to Call: _____

Specific Recommendation: I recommend this child:

Without Hesitation With Hesitation (explain below)

Form Completed by (print name): _____ Position: _____

Signature: _____ Date _____ Phone Number: _____

School Name: _____ Email: _____