



**LETTER OF RECOMMENDATION  
 TRANSITIONAL KINDERGARTEN/KINDERGARTEN**

**Instructions to Parents:** Please print your child's name in the space below and give this form to your child's current teacher.

\_\_\_\_\_ Student's Name

This student is applying for admission to The Valley Schools. This recommendation form provides a way of getting to know the child and is received with the awareness that young children are constantly changing and developing. Your candid evaluation of the applicant will be an invaluable assistance to the Admissions Committee. Be assured that your comments will be held in strict confidence. Thank you for your assistance.

<b>SOCIAL/EMOTIONAL DEVELOPMENT</b>	<b>Always</b>	<b>Sometimes</b>	<b>Seldom</b>
Interacts respectfully with teachers			
General behavior is age appropriate			
Exhibits self control			
Interacts comfortably with peers			
Transitions easily			
<b>ACADEMIC DEVELOPMENT</b>			
Recognizes upper ___ / lower ___ case letters			
Can associate sound with corresponding letter			
Recognizes own name in print			
Can say alphabet without singing it			
Retells a simple story			
Communicates effectively with age appropriate vocabulary			
Speaks clearly so that an adult can understand			
<b>MATHEMATICS</b>			
Identifies numerals (1-10 ___)(1-20 ___)(1-30 ___)			
Identifies 8 colors			
Identifies basic shapes			
Can count out loud to 20			
Can count objects			
Understands simple comparisons			
<b>SKILL DEVELOPMENT</b>			
Listens attentively and follows directions			
Demonstrates ability to stay on task			
Can work independently			
<b>PYHSICAL/MOTOR DEVELOPOMENT</b>			
Can use scissors appropriately			
Holds a crayon correctly when coloring			
Uses age appropriate pencil grasp techniques			
Can write first/last name			
Can skip/hop/run			
Joins in outside play			

# General Comments

How long have you known this child? \_\_\_\_\_

Does this child require additional adult attention and assistance? If so, please explain. \_\_\_\_\_

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Does this child exhibit separation anxiety? (Ex: Cries at drop-off/clings to parents etc.)

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Please comment on this child's unusual talents, interests, and/or individual needs.

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Please list any fears that this child may have. (Ex: the dark, bugs, etc.)

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Additional comments?

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## SCHOOL INFORMATION

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return to:  
The Valley Schools  
Attn: Admissions  
15700 Sherman Way  
Van Nuys, CA 91406