



# CALVARY CHAPEL CHRISTIAN SCHOOL

## Director/Teacher Kindergarten Recommendation Form

**(To Be Filled Out by Director/Teacher - Parent Signature on Reverse Side Only)**

Student's Name:

(First)

(Middle)

(Last)

*Director/Teacher, your candid evaluation/assessment will be of valuable assistance to our Administrators and your comments will be held in strict confidence.*

<i>Social/Emotional &amp; Academic Development:</i> Read each item below carefully and indicate your ratings by number.	1 Almost Never	2	3	4 Almost Always
1. Meets kindergarten requirements (attached)	1	2	3	4
2. Independently potty trained (no help needed in restroom)	1	2	3	4
3. Motivated to learn	1	2	3	4
4. Works/plays well alone	1	2	3	4
5. Able to work cooperatively	1	2	3	4
6. Accepts when things do not go his/ her way	1	2	3	4
7. Difficulty sustaining attention	1	2	3	4
8. Demonstrates the ability to focus on one activity	1	2	3	4
9. Follows directions	1	2	3	4
10. Separates well from parents	1	2	3	4
11. Responds emotionally to challenging situations (tantrums)	1	2	3	4
12. Has poor self-control (solving problems with aggression)	1	2	3	4
13. Transitions easily	1	2	3	4

Additional comments regarding the applicant's social/emotional development:

Please comment on the applicant's attitude toward school:

Does the candidate have any history of learning differences or has he/she required any special help to meet academic requirements/social environment e.g., IEP speech therapy, etc.? *If yes, please explain or provide any documents related:*

Additional comments, if needed.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Position/Title \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_ Email Address \_\_\_\_\_

12808 Woodruff Ave. | Downey, CA 90242 | [www.cccsdowney.org](http://www.cccsdowney.org)

Pre-School (562)299-9100 K-6th Grades (562)803-6556 7th-12th Grades (562)803-4076 GA (562)803-4191



# CALVARY CHAPEL CHRISTIAN SCHOOL

Parent: Please complete the "Student's Name" info on the reverse of this form, as well as the student/school information and signature below. If your child has not attended a school before, please complete the "Social/Emotional Development" chart and remaining info on the reverse of this page.

*I hereby authorize the designated representative of my child's current school to disclose freely information regarding my child in the context of admission into Calvary Chapel Christian School. I understand this information will be kept strictly confidential between both schools.*

Date \_\_\_\_\_

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

Birth Date \_\_\_\_\_

Print Parent Name \_\_\_\_\_

Parent Name Signature \_\_\_\_\_

Name of Current School	
Address	
Phone Number	Email Address
Teacher's Name	

Additional Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return completed form to:**  
Calvary Chapel Christian School  
Elementary Office 562.803.6556  
12808 Woodruff Ave. Downey, CA 90242  
[jmclintock@calvarydowney.org](mailto:jmclintock@calvarydowney.org)

*"As for God, His way is perfect; the Word of the LORD is proven; He is a shield to all who trust in Him."  
2 Samuel 22:31*



## *Kindergarten Requirements*

The requirements listed below have been provided as a guideline for students taking the Kindergarten Entrance Exam prior to the start of the school year. Students entering after the start of the school year will be assessed in these areas, as well as any other areas of study already covered in class. After the assessment, the child will be recommended for the appropriate class.

<b>Turn 5 years old by September 1st</b>	<b>Name the letters of the alphabet</b>
<b>Independently potty-trained (no help needed in restroom)</b>	<b>Recognize square, circle, triangle, and rectangle</b>
<b>Correctly hold a pencil</b>	<b>Recognize eight basic colors</b>
<b>Print name, starting with a capital letter (John, not JOHN)</b>	<b>Use scissors</b>
<b>Draw a straight line, from left to right</b>	<b>Match objects</b>
<b>Write numbers 1 – 5</b>	<b>Circle correct number of objects</b>
<b>Count from 1 – 20</b>	<b>Demonstrate classroom readiness (Teacher Assessment)</b>
<b>Recognize numbers 1 – 10</b>	

*“As for God, His way is perfect; The Word of the Lord is proven;  
He is a shield to all who trust in Him.”  
2 Samuel 22:31*