

TEACHER RECOMMENDATION

To be completed for PK3, PK4 and Kindergarten applicants



PINECASTLE
CHRISTIAN ACADEMY
One Family. One Purpose.

Parents: If your child is/was enrolled in a day-care or preschool, please provide information in this top portion only and give to your child's teacher or caregiver to complete and return to PCCA at address below. If your child was not enrolled in a daycare or preschool, please fill in the form and sign below, and return to PCCA with your child's application.

Permission to release information: _____ Date: _____
Parent signature

Student's Name: _____ Current Grade: _____
LAST FIRST

Teacher : _____

Dear Teacher/Caregiver:

The child named above has applied for admission to Pine Castle Christian Academy. Please complete the form below and return to the address provided. Check one rating for each area. If you wish to discuss this student personally rather than completing this form, please check here _____, sign the form and note your telephone number, and the Academy will contact you.

AREAS TO EVALUATE	Poor	Average	Good	Excellent	Not Able to Comment
Fine Motor Skills					
Gross Motor Skills					
Academic ability					
Academic performance					
Motivation					
Attitude/Cooperation					
Maturity/Stability					
Conduct					
Ability to relate to peers					
Respect for adults					
Restroom skills					
Potty training					
Attendance					

Does the child nap/rest on a consistent basis? YES NO

Is the student performing at age appropriate levels? YES NO

Does the student have any significant limitations (physical, social, or emotional)? _____

What discipline procedures are currently used in the child's classroom/home setting and how does the child respond _____

Has there been a need for administrative involvement in disciplinary action with this student? YES NO

If yes, please explain. _____

Is the student in good standing and eligible to return next year? YES NO

If no, why not? _____

How would you rate the parents' involvement?

Very cooperative Rarely cooperative Disinterested No communication with them

Print your name _____ School Name _____

Signature and position _____

Thank you for your assistance; your prompt response is much appreciated. If you have any questions, please call (407)313-7222

Please return to: PCCA Main Office; 7101 Lake Ellenor Drive; Orlando, FL 32809; fax 407-313-7226