

# 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: \_\_\_\_\_  
Parent signature

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
LAST FIRST

Current Grade: \_\_\_\_\_

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**