Daystar Academy Confidential Student Recommendation Form
Kindergarten

This form is to be completed by your child's lead teacher or school counselor. If the student is in a Learning Support program, please have this form completed by the Learning Support Teacher.

The following student has applied for Admission to Daystar Academy. Please facilitate this applicant's transition to Daystar Academy by completing the form below and **returning it confidentially, to Admissions, Daystar Academy, No. 2 Shunbai Road, Chao Yang District, Beijing 100121, PRC. Fax: +8610 8470 5221 or by e-mail to** admissions@daystarchina.cn

All information in this form is confidential and will not be released to non-Daystar staff.

Name of Student _____ Your Relationship to Student_____

Please rate the students progress so far on the following: **4=Outstanding 3=Above 2=Average 1=Below**

Quality	4	3	2	1
Fine Motor Coordination				
Draws with details				
Uses appropriate pencil grip				
Gross motor coordination				
Participates in physical group activities				
Speech is clear and understandable				
Vocabulary				
Ability to stay on discussion topic				
Tells story events in sequence				
Asks questions to extend understanding				
Uses language to problem solve				
Sound-symbol correspondence				
Recognizes letters: upper case				
lower case				
Recognizes numerals				
Recognizes shapes				
Demonstrates self esteem				
Demonstrates self-control				
Acceptance of limits				

Quality	4	3	2	1
Ability to wait turn				
Respect for own property				
Respect for others' property				
Accepts responsibility for actions				
Sense of humor				
Curiosity				
Attention span/self chosen activity				
Attention span/assigned activity				
Transitions easily				
Listens to directions				
Ability to work independently				
Resolves conflict: verbally				
physically				
Separation from parents/caregivers				
Self-motivation				
Ability to share and work cooperatively				

1. How long have you known this student?

2. What are the first words that come to mind when describing this student?

3. What do you see as the student's two greatest strengths?

4. Please describe his/her relationship with peers.

5. Please describe his/her relationship with adults.

6. What two goals would you have for him/her in the coming year/term?

7. If applicable, please rate the child's English language level on a scale of 1 to 5 below:

1 2 3 4 5
(New to English) (Native Speaker)

8. If applicable, please rate the child's Chinese language level on a scale of 1 to 5 below:

1 2 3 4 5
(New to Chinese) (Native Speaker)

9. Are the parents supportive? Do they follow through on specific school recommendations? Do they have realistic expectations for their child?

10. Does this student require any additional support in your school? Yes ☐ No ☐
Please describe:

11. Please add any additional comments that will help us to facilitate his/her transition to Daystar.

12. Are there any special concerns about the child's attendance or promptness in arrival or departure?

13. Are there any concerns we should be aware of?

The Teacher or Counselor who filled in the above information should complete the following section.

School:_____ Date: _____

Teacher/Counselor Name (print):_____ Position:_____

Contact Details (email, telephone):

☐ I would rather be contacted by telephone

We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence.