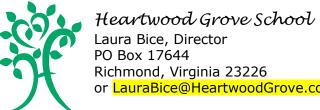
Recommendation for Admission to Lower Elementary

Recommendations are confidential. Please return form to:



Recommender's Name:						
How long have you known the chi	ild?		_			
Name of Child:			Child's Birthday:			
On a scale from 1-6 Ra Please be honest. We rea		any qualities				
	1	2	3	4	5	6
	Always	Usually	Often	Sometimes	Seldom	Never
Follows directions						
Follows class rules						
Respects others						
Respects property						
Listens attentively						
Works well with others						
Shares well						
Is curious						
Is comfortable with adults Is comfortable with children						
Shows self control						
Is aggressive						
When playing games:						
Can wait for his or her turn						
Is a gracious winner						
Is a good loser						
Describe the child's strengths. Describe the child's weaknesses.						

Strongly With reservation

Additional comments may be continued onto the back page or attached.

Enthusiastically

I recommend this child: