



Capstone Classical Academy Instructor/Provider Recommendation
Applicants to Pre-K and Kindergarten

Name of Applicant: _____

Applying for Grade: _____

Name of program or school completing recommendation: _____

Parent or Guardian - Please write your child's name in the space above and read and sign the following before giving this to your child's teacher.

I understand and agree that the information contained on this Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.

Parent Signature _____ Date _____

Please send this recommendation to Capstone Classical Academy: Admissions Counselor, Capstone Classical Academy
3910 25th St. S.
Fargo, ND 58104
admissions@capstoneclassical.com

This Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received by the Admissions Office, so please complete the process as soon as possible.

Table with 6 columns: Social Skills Ratings, Exceeds Expectations, Area of Strength, Age Appropriate, Progressing, Area of Concern. Rows include various skills like Self-esteem, Acceptance of limits, etc.

Usually chooses to work in: large group small group alone
Usually takes the role of: leader follower varies
Hand dominance: right left note yet established

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Physical Development Ratings	Consistently	Sometimes	Seldom	Please Comment
Fine motor coordination				
Draws with details				
Uses appropriate pencil grip				
Gross motor coordination				
Body/space awareness				
Balance, gait, fluidity, smoothness of movement				
Participates in physical group activity				

Please describe any notable social or emotional strengths or weaknesses. What steps have been taken to address areas of concern?

Please note any physical, visual, and/or auditory strengths or weaknesses: _____

Circle the words that best describe this applicant:

- | | | | | |
|------------|------------|--------------------|----------------|----------------|
| Aggressive | Courteous | Easily frustrated. | Independent. | Respectful |
| Articulate | Curious | Flexible | Inquisitive | Self-regulated |
| Cheerful | Detached | Good-natured | Oppositional. | Serious |
| Confident | Determined | Impulsive | Over-protected | Spirited |

Please add any additional information that would provide a more complete picture of the student and family:

Applicant is habitually tardy or late: Yes No If yes, please explain: _____

Applicant is:

- Strongly Recommended Recommended Recommended with Reservation Not Recommended

If you checked "Recommended with Reservation" or "Not Recommended," please explain: _____

I would: like to be willing to discuss this applicant by telephone.

Instructor/Provider Verification

Instructor/Provider Signature:	Date:
Print Name:	Course Name:
Teacher Email:	School Name:
Teacher Phone:	School Phone:

Director/Provider Verification

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				
Signature of Director or Provider:			Date:	