



STUDENT RECOMMENDATION FORM
(Three to five-year-old students)

To the parents of the student:

Please give a copy of this form to your child's most recent main teacher or to any other non-family member adult who has close personal knowledge of your child's character, abilities, and behavior, especially in group settings (family priest/pastro, Sunday school teacher, etc). As a classical Christian School, PCA's main concern at the time of your application is to make sure that we are able to evaluate your child's character and ability as well as possible, in order to help assure his or her success. **The person giving the recommendation is the one who will mail or email the form back to us, according to the instructions included on the last page.**

This information is treated confidentially. By signing this form I understand that I waive my rights to read the information it contains or to inquire about it. Parent's Signature _____

TO BE FILLED IN BY THE PERSON GIVING THE RECOMMENDATION

STUDENT NAME _____

TEACHER/ REFEREE NAME _____

Dear Teacher / Referee,

Thank you for your willingness to share with us your input about the above mentioned student. Your candid opinion and your time are very much appreciated.

What was your relationship to the student and what was the time period during which this relationship occurred? _____

Please mark all those that most consistently describe this child:

Positive member of the classroom / parish / program	Patient
Follows classroom / environment procedures	Aware of self needs
Responsive to direction and redirection	Willing to help
Easily adapts to change and transition	Able to sit still
Cheerful	Developmentally appropriate attention span



Responds well to adults' attempts to soothe; self-soothes occasionally	Works well independently, for reasonable periods of time, according to his/her age
Communicates his/her needs well, according to his/her age	Understands difference between his/her belongings and other people's belongings as appropriate for his/her age
Plays well with peers	Enjoys story time

Rate the student's family on the following characteristics	Always	Usually	Occasionally	Seldom	Never
Maintained an honest, open communication with the student's teachers and staff					
If issues appeared, worked as a team with the school in order to solve them in the best interest of the student					
Volunteered time, treasure, and talent					
Manifested a desire to see the school grow, being cooperative and supportive towards the school's vision and purpose					

Observations about student's behavioral functioning (please include areas of strengths and needs) _____

(Please fill this answer in only if you are a teacher or priest/pastor) From a teacher's / priest's/ pastor's perspective, does the student receive proper spiritual, academic, and disciplinary support from his/her parents? _____

Observations about student's emotional/mental functioning (please include areas of strengths and needs) _____



Additional comments _____

Do you have any concerns about this student's enrollment at Paideia Classical Academy relating to behavior, character, academic, or other areas? Yes No. If yes, please explain.

RECOMMENDATION

I recommend this applicant to Paideia Classical Academy: Enthusiastically Strongly Fairly Strongly Without enthusiasm Not recommended.

Signed: _____ Please print name: _____

What is the best way to reach you if we have further questions?

Phone number _____

Email _____

Mail or Email to:
Paideia Classical Academy
Attn: Admissions
2370 Hammocks Blvd, Coconut Creek, FL 33063
(954) 974-1121
Email: paideiaclassicalacademy@gmail.com
Please put **RE:(STUDENT'S NAME) - Recommendation** in the subject line