

Applicant's Name _____ Pre-Kindergarten Kindergarten Year 20_____

The parent(s)/guardian(s) of the above named applicant have asked Mounds Park Academy to consider him or her for admission. Our goal is to ensure that each applicant we accept at Mounds Park Academy experiences success. The Admission Committee would be grateful if you would provide the information requested. Your assistance is essential in evaluating the applicant and, therefore, a completely candid and thorough evaluation will best serve the interests of the applicant, the applicant's family, and the school. **This information will be kept confidential.**

Note: Pre-Kindergarten and Kindergarten applicants need two teachers to each complete this recommendation form. If the Pre-Kindergarten or Kindergarten student does not have two teachers, one other adult who is not a relative but knows the applicant well (e.g. music instructor, coach, religious education instructor, etc.) may complete this form.

How long have you known this applicant and in what capacity?

Please comment on this applicant's ability to interact with adults.

Please comment on this applicant's ability to interact with other children.

What do you consider to be this applicant's strengths?

In what areas do you see this applicant needing growth?

Are the parent(s)/guardian(s) aware and accepting of the applicant's challenging areas?

Please give an example of how the parent(s)/guardian(s) has been supportive of or involved in the school.

Please give an example of how the parent(s)/guardian(s) has been supportive of or involved in the applicant's education.

How does the applicant react to transitions?

On a scale of 1 - 10 (10 being exceptionally ready), please rank the applicant's readiness for a full day multi-transitional Kindergarten program or a full day Pre-Kindergarten program: _____

Number of days each week the applicant attends your school: _____

Number of hours each day the applicant attends your school: _____

Thank you for taking the time to complete this form.

Name _____ Email _____

(please print)

School Name _____ Work Phone (_____) _____

Signature _____ Date _____

Please return to: Mounds Park Academy • Office of Admission • 2051 Larpenteur Avenue East
St. Paul, Minnesota 55109-4717
Phone: 651.748.5577 • Fax: 651.748.5534
www.moundsparkacademy.org