



PreK Recommendation Form

Applicant First Name _____ Applicant Last Name _____ Year 20 _____

The parent(s)/guardian(s) of the above named student have asked Mounds Park Academy to consider him or her for admission. Our goal is to ensure that each student we accept at MPA 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 applicants need one teacher to complete this recommendation form. If the Pre-Kindergarten applicant does not have a teacher, 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.

Please list three areas you consider to be this applicant's strengths:

Please list three areas in which you see this applicant needing growth:



PreK Recommendation Form, continued ...

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

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 Pre-Kindergarten program with multiple transitions throughout the day: _____

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!
Please return it via mail, email, or fax to Mounds Park Academy as noted below.

Your Name _____

Email Address _____

School Name _____ Work Phone _____

Signature _____ Date _____

Mounds Park Academy

2051 Larpenteur Avenue East
Saint Paul, MN 55109
moundsparkacademy.org

Office of Admission

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