



## Kindergarten Reference Form

**To Parents:** This confidential assessment form is to be completed by two personal references who know your child. The Admissions Committee cannot make a decision until this form has been received directly from that individual. The information provided is held in the strictest confidence and will be used solely for the admission process. It will not become part of the student's permanent record.

Name of Prospective Student \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

STATEMENT	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Shares easily with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows positive behavior changes after correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for their actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusts to new situations and experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates from parent without anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows adult directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stay on an assigned task for 10-15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens without interrupting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses interest in coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works and plays cooperatively with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes turns and shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses feelings appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demonstrates the ability to follow simple 2-3 step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please select all the activities this student is able to perform independently (without assistance)

- Button his/her clothing
- Catch a large ball
- Zip jacket or backpack
- Ride a bike with training wheels
- Writes the letters in their name
- Uses scissors appropriately
- Dress himself/herself
- Pick up toys
- Jump with feet together
- Ride a bike without training wheels
- Uses a "tripod" pencil grip/hold
- Hop on one foot
- Use the bathroom
- Wash hands and face

Is there any special information that would help Rogers maximize this applicant's learning experience?

- Do you have concerns with the student's speech?
- Has the student experienced trauma from birth (premature birth, etc.) or other physical, emotional, or social incidents or disruptions.

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Write four adjectives or characteristics that you believe describe the child

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Other comments?

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I recommend this applicant  without reservation  with some reservations  not at all.

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Printed Name

email (if available)

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Signature

Phone Number

Date

*To mail -- please tape, do not staple*

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Stamp  
needed

Rogers Adventist School  
200 SW Academy Way  
College Place, WA 99324

Attention: Principal