Seoul International School

Songpa P.O. Box 47 Seoul, Korea 138-600
Tel: 82-31-750-1327~8 Fax: 031-759-5133
www.siskorea.org

Kindergarten Recommendation Form

Student Name: _____ **Date of Birth:** _____ **Gender: M / F**

Name of the Evaluator:

Observation Areas	Weak	Adequate	Excellent
Answers questions about oneself using more than one word			
Listens attentively when others are speaking			
Can follow oral/ written directions or responds to non-verbal cues			
Expresses need and opinions in English			
Can focus on a task and work well independently			
Interacts well with peers and adults			
Has a sense of alphabet			
Has a sense of numbers			
Has pencil control skills			
Demonstrates self discipline (sit still, hands to self)			
English speaking ability			

Has this child been referred for any type of learning, attention, or behavioral differences?
NO _____ YES _____
If yes, please list and describe the results of testing and any remediation or treatment:

*** Teacher;s Comments:**

Signature: _____ Date: _____