

Please type or print clearly in ink. Please mail this form directly to o Yokohama Christian School.

STUDENT RECOMMENDATION FORM

Applicant's Name:		Current G	rade:
Evaluator Data			
Name:		Position:	
School name and address:			
Tel:	Fax:		
Email:			
I have personally known the a	pplicant for	(number) years as the ap	plicant's

1. Social/Emotional Development - Mark appropriate column

	Exceptional	Above Average	Average	Fair	Poor
Attention span					
Able to follow directions					
Able to complete tasks					
Able to work in groups					
Attitude toward teachers					
Attitude toward peers					
Attitude of peers toward student					
Child is confident					
Child has a sense of humor					
Responds positively to correction					
Cooperative					

2. School Performance

	Exceptional	Above Average	Average	Fair	Poor
Works independently					
Remains on task at table					
Shows adequate fine motor skills					
Grip pencil correctly					

3. Language

	Exceptional	Above Average	Average	Fair	Poor
Reading					
Writing					
Listening					
Speaking					

4. Math

	Exceptional	Above Average	Average	Fair	Poor
Numbers					
Pattern & Function					
Problem Solving					
Data handling					
Shape & Space					

5. Family Information

	Exceptional	Above Average	Average	Fair	Poor
Family supports child					
Family supports school					

Address: 66-2 Yamate-cho, Naka-ku, Yokohama 231-0862 Phone in Japan: 045-651-5177 (outside Japan 81-45-651-5177) FAX in Japan: 045-651-5191 (outside Japan 81-45-651-5191) Website: www.yokohamaunionchurch.org Email: school@yokohamaunionchurch.org (outside Japan 81-45-651-5191) Website: www.yokohamaunionchurch.org Email: school@yokohamaunionchurch.org (outside Japan 81-45-651-5191)

6. Concerns (circle any that may apply) Aggressive Argumentative Manipulative Cries easily Easily Distracted Defiant

Hands always busy Hands on others Hums/makes noises Other-specify

7.	General	Observations:	circle	one per row	

Working preference:	Play alone	Plays with others
Verbalization with peers:	Frequent	Rare
Involvement:	Needs help	Self-directed
Language usage:	Hesitantly verbalizes	Verbalizes confidently

8. Does this student have any significant limitations? (Physical, social, mental, emotional)

9. Are you aware of any circumstances that may affect the child's success in school?

If yes, please explain.

Signature

Printed Name

Please return this referral directly to

Yokohama Christian School Admissions Office 66-2 Yamate-cho, Naka-ku Yokohama Japan 231-0862

Phone: +81-45-651-5177 Fax: +81-45-651-5191