



K – 3rd Grade Recommendation Form

Eagle's View Academy

7788 Ramona Blvd. W.

Jacksonville, FL 32221

904-786-1411

Name of Student _____

Current School: _____ Applying to Grade: _____

Parent/Guardian: For the student named above, I authorize the release of school records, including the results of academic testing. I acknowledge that I waive my right to read this confidential recommendation.

Signature of Parent or Guardian: _____ Date: _____

Phone: _____ Email: _____

Social and Emotional Development	Exceeds Age Expectations	Age Appropriate	Needs Development
Listens			
Cooperates			
Asks for help when needed			
Responds well to feedback			
Tolerates frustration			
Adjusts to transitions			
Demonstrates self-control			
Works well with peers			
Interacts respectfully with teachers			
Overall behavior is predictable			

Academic	Exceeds Age Expectations	Age Appropriate	Needs Development
Speaks using complete sentences			
Maintains focus in small groups			
Maintains focus in large groups			
Demonstrates ability to focus on independent tasks			
Completes tasks in allotted time			
Grasps concepts			
Recalls details			
Follow directions			
Works carefully and neatly			
Utilizes materials appropriately			

Physical	Exceeds Age Expectations	Age Appropriate	Needs Development
Fine motor skills			
Gross motor skills			
Speech and articulation			

To your knowledge, has this child ever been referred for psychological or educational testing?
Please explain.

To your knowledge, has this child ever been involved in a behavior modification program?
Please explain.

Additional Comments: _____

I recommend this student for admission

- ☐ with great enthusiasm
- ☐ with confidence
- ☐ with reservation
- ☐ I do not recommend

Signature/ Title Date Phone

Please return this form directly to Eagle's View Academy by fax at 904-786-1445 or by email at info@evajax.com. If you have any questions about completing this form please contact the Admissions Office at 904-786-1411.