



Teacher Recommendation Prekindergarten to Kindergarten

Name of Applicant _____ **Applying for Grade** _____

Name of school completing recommendation _____

Parent or Guardian - Please write your child's name in the space above and read and sign the following before giving this to your child's teacher. Please include an addressed/stamped envelope for each school you list below.

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.

Parent Signature: _____ **Date** _____

Teacher - Please complete this confidential 2-page form and submit electronically.

This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files to send to additional schools. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office.

| <i>Social Skills Ratings</i> | <i>Exceeds Expectations</i> | <i>Area of strength</i> | <i>Age Appropriate</i> | <i>Progressing</i> | <i>Area of Concern</i> | <i>Comments</i> |
|--|-----------------------------|-------------------------|------------------------|--------------------|------------------------|-----------------|
| Self-esteem | | | | | | |
| Acceptance of Limits | | | | | | |
| Self-motivation | | | | | | |
| Ability to work independently | | | | | | |
| Interaction with peers | | | | | | |
| Interaction with teachers | | | | | | |
| Uses words to express feelings | | | | | | |
| Internalization of classroom routine | | | | | | |
| Separation from parents/caregivers | | | | | | |
| Ability to share and work cooperatively | | | | | | |
| Ability to wait turn | | | | | | |
| Respect for property (personal and others) | | | | | | |
| Accepts responsibility for actions | | | | | | |
| Sense of humor | | | | | | |
| Curiosity/imagination | | | | | | |
| Attention span: self-chosen activity | | | | | | |
| Attention span: assigned activity | | | | | | |
| Cooperative attitude | | | | | | |
| Leadership skills | | | | | | |
| Makes transitions easily | | | | | | |
| Ability to focus in large group | | | | | | |
| Ability to focus in small group | | | | | | |
| Responds to redirection | | | | | | |



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| | | | |
|-----------------------------|--------------------------------------|--------------------------------------|--|
| Usually chooses to work in: | <input type="checkbox"/> large group | <input type="checkbox"/> small group | <input type="checkbox"/> alone |
| Usually takes role of: | <input type="checkbox"/> leader | <input type="checkbox"/> follower | <input type="checkbox"/> varies |
| Hand dominance: | <input type="checkbox"/> right | <input type="checkbox"/> left | <input type="checkbox"/> not yet established |

| Physical Development Ratings | Area of strength | Age appropriate | Progressing | Area of Concern | Please Comments |
|---|------------------|-----------------|-------------|-----------------|-----------------|
| Fine motor coordination | | | | | |
| Draws with detail | | | | | |
| Uses appropriate pencil grip | | | | | |
| Gross motor coordination | | | | | |
| Body/space awareness | | | | | |
| Balance, gait, fluidity, smoothness of movement | | | | | |
| Participates in physical group activity | | | | | |

Describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern?

Please add any physical, visual, and/or auditory strengths or weaknesses.

Check the words that best describe this applicant

- | | | | | |
|--------------------------------------|-------------------------------------|--|---|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Courteous | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Independent | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Articulates | <input type="checkbox"/> Curious | <input type="checkbox"/> Flexible | <input type="checkbox"/> Inquisitive | <input type="checkbox"/> Self-regulated |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Detached | <input type="checkbox"/> Good natured | <input type="checkbox"/> Oppositional | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Determined | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Over protected | <input type="checkbox"/> Spirited |

Please add any additional information that would provide a more complete picture of the student and family.

Is applicant habitually tardy or absent? Yes No
If yes, please explain.

This applicant is:

Strongly recommended Recommended Recommended with reservation Not Recommended

ELECTRONIC SIGNATURE: DISCLAIMER

By signing your name electronically on page 2 of this Teacher Recommendation Form, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Form.

Print Name: _____ Signature _____

Date _____

Director/Principal

| | Consistently | Usually | Seldom | Not Observed |
|--|--------------|---------|--------|--------------|
| Parent(s) participate in school activities | | | | |
| Parent(s) support school policies and procedures | | | | |