



RECOMMENDATION FORM - NURSERY, PRESCHOOL, KINDERGARTEN AND FIRST GRADE

confidential

NAME OF STUDENT: _____ BIRTHDATE: _____ APPLICATION FOR GRADE: _____

Teacher name _____ My relationship has been that of _____

I have known this child _____ years _____ months

Days per week enrolled _____ hours per day _____ size of group _____ age range _____

What are the first words that come to mind to describe this child? _____

TO THE TEACHER OR SCHOOL DIRECTOR Please check the applicable box. Thank you for your time and cooperation.

	not yet	sometimes	often	consistently	with strength
Responds appropriately to peers					
Responds appropriately to adults					
Separates comfortably from parent					
Plays alone happily					
Plays cooperatively with others					
Demonstrates ability to lead, initiate					
Demonstrates ability to follow leads					
Demonstrates persistence in learning					
Settles down to activity					
Exhibits consistency in performance					
Makes good use of time					
Follows directions					
Uses materials purposefully					
Takes pride in work					
Cares for class environment					
Completes tasks independently					
Respects classroom routines					
Enjoys new activities					
Transitions well					
Exhibits problem-solving abilities					
Complies appropriately with requests					
Responds positively to redirection					
Resolves disputes independently					
Demonstrates resilience					
Listens in a group					
Exhibits self-control					
Controls verbal interruption					
Shares teacher attention					
Contributes to group discussions					
Expresses ideas appropriately					

COMMENTS: _____ over

PLEASE CHECK THE MOST APPROPRIATE RESPONSE

Vocabulary Development	<input type="checkbox"/> under developed	<input type="checkbox"/> age appropriate	<input type="checkbox"/> advanced	
Speech Articulation	<input type="checkbox"/> difficult to understand	<input type="checkbox"/> age appropriate	<input type="checkbox"/> strong articulation	
Fine Motor Work	<input type="checkbox"/> avoids	<input type="checkbox"/> willing to try	<input type="checkbox"/> enjoys	<input type="checkbox"/> NA
Alphabet Recognition	<input type="checkbox"/> none	<input type="checkbox"/> in own name	<input type="checkbox"/> some	<input type="checkbox"/> most <input type="checkbox"/> all <input type="checkbox"/> NA
Letter-sound Association	<input type="checkbox"/> none	<input type="checkbox"/> few <input type="checkbox"/> many	<input type="checkbox"/> beginning reader <input type="checkbox"/> fluent	<input type="checkbox"/> NA
Math Skills (patterns, shapes, numeral recognition, 1:1 correspondence)	<input type="checkbox"/> underdeveloped	<input type="checkbox"/> age appropriate	<input type="checkbox"/> advanced	<input type="checkbox"/> NA

COMMENTS:

FOR GRADE ONE APPLICANTS: Please describe your curriculum for beginning reading, writing and math.

FOR ALL APPLICANTS: Please comment on this child's ability to meet the expectations of your program.
Have you had to make any accommodations for this child?

What characteristics of this applicant do you consider unique or notable?

Please comment on parent cooperation, support and involvement for child's school experience.
Do parent goals seem realistic for this child?

Your name _____ please print signature _____ date _____

School _____ email _____ telephone _____