



TEACHER'S RECOMMENDATION FORM FOR KINDERGARTEN & GRADE 1

Name of student _____

Name of school _____ Present grade _____

Address of school _____

Telephone number _____ Name of teacher _____

Length of time teacher has known applicant _____

For the following items, please choose the appropriate response.

SOCIAL DEVELOPMENT

	Usually	Sometimes	Seldom	Comments
Can be a friend	_____	_____	_____	_____
Is supportive of peers	_____	_____	_____	_____
Is comfortable with adults	_____	_____	_____	_____
Plays alone happily	_____	_____	_____	_____
Cooperates in play	_____	_____	_____	_____
Shares well	_____	_____	_____	_____
Initiates play activities	_____	_____	_____	_____
Is imaginative	_____	_____	_____	_____
Has the capacity to lead	_____	_____	_____	_____
Has the capacity to follow	_____	_____	_____	_____
Uses materials purposefully	_____	_____	_____	_____

PHYSICAL DEVELOPMENT

	Outstanding	Appropriate	Comments
Small muscle control and coordination	_____	_____	_____
Large muscle control and coordination	_____	_____	_____
Speech development (articulation)	_____	_____	_____

Please describe:

Beginning reading skills _____

Beginning math skills _____



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(continued)

For the following items, please choose the appropriate response.

PRE-ACADEMIC SKILL DEVELOPMENT

				Comments
Is attentive	Usually	Sometimes	Seldom	_____
Listens in a group	Usually	Sometimes	Seldom	_____
Contributes to group discussions	Usually	Sometimes	Seldom	_____
Follows directions	Usually	Sometimes	Seldom	_____
Works cooperatively	Usually	Sometimes	Seldom	_____
Demonstrates ability to focus on one task	Usually	Sometimes	Seldom	_____
Respects classroom routines	Usually	Sometimes	Seldom	_____
Moves easily from on activity to another	Usually	Sometimes	Seldom	_____
Responds positively to constructive criticism	Usually	Sometimes	Seldom	_____
Is curious	Usually	Sometimes	Seldom	_____
Is willing to try new activities	Usually	Sometimes	Seldom	_____
Is a self starter	Usually	Sometimes	Seldom	_____
Enjoys new challenges	Usually	Sometimes	Seldom	_____
Exhibits problem solving abilities	Usually	Sometimes	Seldom	_____
Expresses ideas well	Usually	Sometimes	Seldom	_____

We would appreciate and welcome additional comments concerning the strengths, weaknesses, health or special needs of this student.
You may use a separate sheet of paper if necessary.

**Thank you for helping us make a true assessment of this student.
The information will be kept confidential.**

Teacher's name	Position
_____	_____
Signature	Date
_____	_____

Please return to:

Admission Office
Sacred Heart Greenwich
1177 King Street
Greenwich, CT 06831
Tel: 203.532.3534
Fax: 203.532.3301
Email: admission@cshct.org