

**PRIMARY A TEACHER RECOMMENDATION FORM (Kindergarten)**

Name of Applicant \_\_\_\_\_

Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_

**To the teacher:** Your thoughtful evaluation of this student will assist our Admission Committee and help provide information for the best placement for the applicant. The information you provide will be kept in strictest confidence and will not become part of the student's permanent record, nor will it be shared, directly or indirectly, with the applicant's family. *Thank You.*

Teacher's Name \_\_\_\_\_

Title/Position \_\_\_\_\_ School \_\_\_\_\_

Address of School \_\_\_\_\_  
street city state zip

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

How many days a week does the applicant attend your program? \_\_\_\_\_ Time/Length of day? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

SOCIAL/EMOTIONAL DEVELOPMENT	Exceeds Age Expectations	Age Appropriate	Still Developing	Comments
Ability to relate to peers				
Ability to relate to adults				
Ability to work independently				
Ability to work in a group				
Cooperation				
Respect for others				
Capacity to lead				
Capacity to follow				
Ability to make transitions				
Self-confidence				
Use of imagination				
Ability to share				
Self-control				
Curiosity				
Ability to initiate activities				
Response to limits/direction				
Willingness to try new things				
Purposeful use of materials				

**Please circle all the words that describe the applicant:** Helpful      Flexible      Positive leader      Perfectionist  
 Well-liked      Anxious      Caring      Aggressive      Disobedient      Easily discouraged      Conscientious  
 Empathetic      Honest      Influential      Irritable      Manipulative      Organized      Confident  
 Follower      Shy      Distractible      Responsible      Negative leader      Self-disciplined      Assertive  
 Over-protected      Articulate      Distracting      Self-centered      Other \_\_\_\_\_

*When complete, please return the recommendation to Kristin Sandone by faxing, scanning and emailing to [kristin.sandone@nextgenerationschool.com](mailto:kristin.sandone@nextgenerationschool.com), or mailing to Next Generation School ATTN: Kristin Sandone 2521 Galen Drive, Champaign, IL 61821. We would appreciate your signature over the sealed flap of the envelope.*

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COGNITIVE SKILL DEVELOPMENT	Exceeds Age Expectations	Age Appropriate	Still Developing	Comments
Ability to follow directions				
Speech and language skills				
Ability to identify rhymes				
Ability to focus on a task				
Mathematical concepts				
Completing tasks				
Ability to write own name				
Ability to solve problems				
Ability to express thoughts and ideas				
Listening in a group				
Vocabulary				
PHYSICAL DEVELOPMENT	Exceeds Age Expectations	Age Appropriate	Still Developing	Comments
Small muscle development (cutting, coloring, etc.)				
Large muscle development (running, jumping, etc.)				

What are the applicant's areas of strength?

In what areas does the applicant need to improve?

What is your recommendation for next year?      Transitional Kindergarten      Primary A (K)      Primary B (1<sup>st</sup> Grade)

If you selected Transitional Kindergarten or Primary B, please explain your recommendation.

What are the parent(s)/guardian(s) expectations and attitude toward the applicant?

Would you be willing to discuss this applicant by phone or email if we have further questions?    YES    NO

Is there information about this applicant that would be better communicated by phone or email?    YES    NO

If you answered yes to either question above, how do you prefer we contact you (using contact info on page 1)?    PHONE    EMAIL

*Upon completion, please sign and date below then scan and email, mail, or fax it to Next Generation School (see details below).*

Signature \_\_\_\_\_ Date \_\_\_\_\_