

NANSEMOND - SUFFOLK ACADEMY

TEACHER RECOMMENDATION

Pre-Kindergarten

Dear Parent: Complete the information requested in the spaces below, and give this form to your child's current teacher. *This form must be forwarded by the teacher directly to Nansemond-Suffolk Academy as soon as possible.*

Applicant's Name _____

School Name _____ Telephone Number _____

Teacher's Name _____ Center/School _____

Dear Teacher or Center Director: This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. This recommendation is confidential.

I have known this candidate for _____ years _____ months. Relationship: _____

Social/Emotional	Mature	Age-Appropriate	Needs Development
Listens			
Cooperates			
Relates to peers			
Relates to adults			
Exhibits self-confidence			
Adjust to transitions			
Tolerates frustrations			
Separates from parents			
Shares materials			
Maintains attention			

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Functions independently			
Seeks help when needed			

Cognitive Development	Mature	Age-Appropriate	Needs Development
Expresses ideas orally			
Recalls details			
Grasp concepts			
Interest in learning			
Completes task			
Exhibits problem solving skills			
Fine motor skills			
Able to focus on one task			

Please check the words which describe the applicant:

- | | | | |
|-------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Anxious | <input type="checkbox"/> Articulate | <input type="checkbox"/> Cheerful |
| <input type="checkbox"/> Disobedient | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Honest influential | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Manipulative | <input type="checkbox"/> Passive-resistant | <input type="checkbox"/> Confident | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Self-centered | |
| <input type="checkbox"/> Self-disciplined | | | |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Social | <input type="checkbox"/> Curious | <input type="checkbox"/> Well-liked |
| <input type="checkbox"/> Positive leader | <input type="checkbox"/> Negative leader | <input type="checkbox"/> Organized | <input type="checkbox"/> Helpful |
| <input type="checkbox"/> Over-protected | <input type="checkbox"/> Conscientious | <input type="checkbox"/> Influential | |

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Family Information	Consistently	Usually	Sometimes	Rarely
Communicates				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows the rules and policies of the school				
Has realistic expectations for the child				

Additional Comments

Teacher's signature: _____ Date: _____

Telephone number: _____

Please return this form directly to:
Nansemond-Suffolk Academy Office of Admissions
3373 Pruden Boulevard • Suffolk, VA 23434
Phone: (757) 539-8789 • Fax: (757) 934-1830 • admissions@nsacademy.org