



# Columbus School for Girls

Required for PYC - Grade 1

## Teacher Recommendation

For entrance into 3/4 Class, 4/5 Class, Kindergarten and Grade 1

Applicant's name \_\_\_\_\_ Applying to Grade \_\_\_\_\_

### Release (Mandatory Signature)

I/We give permission for \_\_\_\_\_ to complete this form and return it to Columbus School for Girls. I/We understand that this is a confidential teacher recommendation and cannot be disclosed to anyone other than the Admission Committee, nor will it be placed in the student's permanent file.

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to complete this recommendation. A complete report from the applicant's current school is essential to ensure comprehensive consideration of the applicant. Your information will be held in strict confidence. Email or mail the completed form to:

**EMAIL A PDF** • Admissions@columbuschoolforgirls.org

**MAIL** • CSG Admission Office • 65 S. Drexel Avenue • Columbus, OH 43209

Check each item to indicate the applicant's place on the continuum. We encourage you to also use the comment space.

### Social/Emotional Development

	<i>Exhibits Strength</i>	<i>Age Appropriate</i>	<i>Needs Development</i>	<i>Possible Area of Concern</i>	<i>Comments</i>
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shows confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works cooperatively with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works cooperatively with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tries new activities willingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accepts limits/routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Resolves conflicts independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manages frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Makes transitions appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Separates from parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Physical Development

	<i>Exhibits Strength</i>	<i>Age Appropriate</i>	<i>Needs Development</i>	<i>Possible Area of Concern</i>	<i>Comments</i>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Skill Development

	Exhibits Strength	Age Appropriate	Needs Development	Possible Area of Concern	Comments
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contributes to group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understands directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understands sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understands pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retains information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits problem solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recognizes letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recognizes sound/symbol relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Handedness	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Mixed (Dominance undetermined)		

Please summarize the applicant's relative maturity, confidence, sense of humor, and any other comments that will help us better understand this child. For girls entering Kindergarten and Grade 1, please describe the development of beginning literacy and math skills.

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CSG values a mutually supportive parent-school relationship. Please share with us any thoughts you have regarding the applicant's family, including their involvement in your school.

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Please identify any special needs including visual and auditory development.

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Is there any additional information that would be helpful to us in our evaluation of this applicant?

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Print Teacher Name \_\_\_\_\_

School or Program Name \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

If we have additional questions, may we contact you?  Yes  No

Would you prefer to communicate via phone or email  Phone  Email  Either

Teacher Email \_\_\_\_\_

Phone and extension \_\_\_\_\_ Convenient time to call \_\_\_\_\_

Teacher's signature \_\_\_\_\_

***Thank you...we appreciate your time and value your input!***

Email a PDF of this completed form • [Admissions@columbusschoolforgirls.org](mailto:Admissions@columbusschoolforgirls.org)

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