



TEACHER RECOMMENDATION FORM

For Candidates to nursery, kindergarten, and grade one

Name of Student _____ Birth Date _____ Application _____

Days per week Enrolled _____ Hrs. per day _____ Size of Group _____ Age Range _____

To the Teacher or school director: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. This evaluation will be kept in strict confidence and used solely to help inform a thoughtful admission decision.

SOCIAL/EMOTIONAL DEVELOPMENT

	Exhibits Strength	Age Appropriate	Needs Development
Can be a friend			
Is supportive of peers			
Is comfortable w/ adults			
Plays alone happily			
Cooperates in play			
Shares well			

	Exhibits Strength	Age Appropriate	Needs Development
Initiates Play activities			
Is imaginative			
Has the capacity to lead			
Has the capacity to follow			
Uses material purposefully			
Exhibits appropriate humor			

DESCRIPTIVE COMMENTS:

LANGUAGE DEVELOPMENT

	Exhibits Strength	Age Appropriate	Needs Development
Expresses him/herself in an understandable way			
Uses an appropriate range of vocabulary			
Pronounces words clearly			

DESCRIPTIVE COMMENTS:

COGNITIVE DEVELOPMENT

	Exhibits Strength	Age Appropriate	Needs Development
Is attentive			
Listens in a group			
Contributes to group discussion			
Follows directions			
Works cooperatively			
Complete tasks			
Demonstrates ability to focus on one task			
Respects classroom routines			

	Exhibits Strength	Age Appropriate	Needs Development
Expresses ideas well			
Moves easily from one activity to another			
Responds positively to constructive criticism			
Is curious			
Is willing to try new activities			
Is a self-starter			
Enjoys new challenges			
Exhibits problem-solving abilities			

DESCRIPTIVE COMMENTS:**PHYSICAL DEVELOPMENT**

	Exhibits Strength	Age Appropriate	Needs Development
Small muscle control and coordination			
Large muscle control and coordination			
Speech development (articulation)			

DESCRIPTIVE COMMENTS: Please identify and describe any special needs, including auditory and visual development:**PARENT AND FAMILY INFORMATION**

Please comment on parent cooperation and support for the child's school experience:

FOR APPLICANTS TO GRADE ONE ONLY

Describe beginning literacy or reading/writing skills:

Describe beginning math skills:

FOR ALL APPLICANTS: We encourage any other information which you think would be helpful. Include comments concerning strengths, weaknesses, or any special needs or concerns of this child and/or family. You may wish to use a separate sheet of paper.

Teacher's name: _____

Date: _____

School/Daycare name: _____

Address: _____

Telephone: _____

I have known this child for _____ year(s) _____ months. My relationship has been that of: _____