



**PRESCHOOL THROUGH KINDERGARTEN
CONFIDENTIAL RECOMMENDATION**

TO THE PARENT/GUARDIAN

Please complete the following information before giving it to your child’s Preschool/PreK Teacher or Director. **Provide the recommender a list of schools and email addresses to which to send this form or instructions on how to upload this recommendation to each school’s online application system.**

Name of Student _____ Applicant for _____ in September 2021

Current Preschool/School Name _____

Address _____ City _____ State _____ Zip _____

For the student named above, I waive my rights to read this Confidential Recommendation.

Parent/Guardian Authorization Signature _____ Date _____

TO THE PRESCHOOL/PREK TEACHER/DIRECTOR

A consortium of schools has developed this form to better allow an open exchange of information about the student whose name appears above. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We greatly appreciate your time and effort to complete and return this form. Your insights and observations are important to all of us. Please know that the professional comments you share will be held in strictest confidence and we thank you in advance for your assistance and cooperation.

Please complete this form **after December 1, 2020, but no later than January 15, 2021**. To protect the integrity of this recommendation, be sure to save this form as a PDF before submitting to schools.

Name of Teacher _____ Signature _____

Title or Position _____ Today’s date _____

Email address _____ Phone number _____

First date of child’s enrollment in your school _____ How long have you known this child? _____

Do you feel that this child will be ready for a full-time program this fall? Yes No

Transitional kindergarten/Developmental kindergarten? Yes No N/A

Kindergarten program? Yes No N/A

Days and times this child attends school (ex. M-F, 9am - 3:30pm, in-person)

Check here if you would like us to call you to discuss this student in greater detail.
Your judgments are used solely for the admissions process and are held in strictest confidence.

| Social and Emotional Development | Consistently | Usually | With Minimal Support | Requires Teacher Support |
|--------------------------------------------------------------------------------------|---------------------|----------------|-----------------------------|---------------------------------|
| Self-regulates | | | | |
| Transitions easily | | | | |
| Works cooperatively with peers | | | | |
| Works cooperatively with teachers | | | | |
| Separates from parents/guardians/caregivers | | | | |
| Able to identify feelings | | | | |
| Shows empathy | | | | |
| Tolerates frustration | | | | |
| Ability to bounce back from set-backs (resilience) | | | | |
| Exhibits self-control | | | | |
| Understands and takes responsibility for one's actions | | | | |
| Is able to be reflective/engages in conflict resolution | | | | |
| Can understand and solve problems | | | | |
| Ability to lead | | | | |
| Ability to follow | | | | |
| Sense of humor | | | | |
| Shows kindness to others | | | | |
| Has healthy peer relations | | | | |
| Able to consider other perspectives/points of view | | | | |
| Is open to new ideas/adapts/integrates/builds on | | | | |
| Takes appropriate risks | | | | |
| Functions independently (toileting, washing hands, accessing lunch, eating, cleanup) | | | | |

Comments (optional) _____

| Physical Development | Consistently | Usually | With Minimal Support | Requires Teacher Support |
|------------------------------------------------|------------------------------|-----------------------------|-------------------------------|---------------------------------|
| Fine motor control | | | | |
| Gross motor control | | | | |
| Balance and coordination | | | | |
| Hand/Eye coordination | | | | |
| Has spatial awareness? (Self) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Has spatial awareness? (In relation to others) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Handedness established? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Left | <input type="checkbox"/> Right |

| Cognitive Development | Consistently | Usually | With Minimal Support | Requires Teacher Support |
|-------------------------------------|---------------------|----------------|-----------------------------|---------------------------------|
| Able to stay on topic | | | | |
| Articulates clearly | | | | |
| Expresses ideas and feelings orally | | | | |
| Sustains attention in small groups | | | | |
| Sustains attention in large groups | | | | |
| Follows multi-step directions | | | | |
| Shows effort and doesn't give up | | | | |
| Uses materials appropriately | | | | |
| Grasps concepts presented | | | | |
| Recalls details | | | | |
| Recognizes numbers and letters | | | | |
| Forms letters and numbers | | | | |
| Open to trying new things | | | | |
| Flexible thinking | | | | |

Comments (optional) _____

We understand that children develop in different ways. In thinking about this child at this moment, please describe this child in three words _____

and / or please feel free to check adjectives from the list below:

- | | | | |
|----------------------------------------|---------------------------------------|----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Fun | <input type="checkbox"/> Talkative | <input type="checkbox"/> Firm | <input type="checkbox"/> Reserved |
| <input type="checkbox"/> Agreeable | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Extroverted | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Persistent | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Introverted | <input type="checkbox"/> Center of attention |
| <input type="checkbox"/> Adaptable | <input type="checkbox"/> Polite | <input type="checkbox"/> Even-tempered | <input type="checkbox"/> Attentive |
| <input type="checkbox"/> Cautious | <input type="checkbox"/> Quiet | <input type="checkbox"/> Joyful | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Sophisticated | <input type="checkbox"/> Timid | <input type="checkbox"/> High energy | <input type="checkbox"/> Low energy |

| Family Information | Consistently | Usually | Sometimes | Rarely | N/A |
|----------------------------------------------------|---------------------|----------------|------------------|---------------|------------|
| Have reasonable expectatons of the school | | | | | |
| Have reasonable expectations of their child | | | | | |
| Follows the rules and policies of the school | | | | | |
| Cooperates with teachers | | | | | |
| Cooperates with administration | | | | | |
| Participates in school activities | | | | | |
| Is well regarded by other parents in the community | | | | | |
| Have healthy boundaries | | | | | |
| Meets financial obligation in a timely matter | | | | | |

Comments (optional) _____

To the best of your ability, please describe the family's parenting style _____

COVID-19 Addendum

Due to COVID-19 and current circumstances, what is different about your program that would be helpful for us to know?

Student Learning Environment Information

- Preschool Public School Homeschool one-on-one Homeschool group learning

Please describe in more detail the learning environment for your student(s) _____

Teacher/Student ratio in class: _____

Remote learning hours per week: _____

In-person hours per week: _____

Extra Curricular Offerings: _____