

# Area Association of Montgomery Independent Schools (AAMIS)

## CONFIDENTIAL COMMON RECOMMENDATION FORM Preschool Teacher

**Parent/Legal Guardian: Please complete the items in this box and deliver this form to your child's teacher. Include an addressed and stamped envelope to the school(s) where you wish this evaluation to be sent. The evaluator will mail these forms directly to the Admissions Office.**

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

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**School Year**

My child is an applicant for admission to:  Saint James  The Montgomery Academy  Trinity Presbyterian School  Other

I, the parent/guardian, hereby authorize you, the teacher or principal, to release the following confidential recommendation form to an area association school. I, the parent/guardian, waive my right to review the information provided on this form.

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

Principal or Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence. In relation to others on the applicant's grade level whom you have known, please rate the applicant by checking the appropriate boxes.

<b>Social/Emotional</b>	Excellent	Good	Average	Below Average	No Basis for Judgment
Adjusts to new situations	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Takes Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays with others/shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Work Habits/ Attitude Toward School</b>	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens/Follows Directions	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Critical/Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor Skills (Handwriting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Verbal/Non-verbal Communication</b>	Excellent	Good	Average	Below Average	No Basis for Judgment
Ability to communicate experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left-Right Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please comment on any talents, special needs or limitations, which may be beneficial for us to know in teaching this student.

\_\_\_\_\_  
\_\_\_\_\_

In relation to others on the applicant's grade level whom you have known, please rate the following by checking the appropriate boxes.

Attention Span	<input type="checkbox"/> actively engaged	<input type="checkbox"/> attentive	<input type="checkbox"/> variable attention	<input type="checkbox"/> requires redirection
Relationship with Peers	<input type="checkbox"/> role model	<input type="checkbox"/> healthy relationships	<input type="checkbox"/> occasional problems	<input type="checkbox"/> relates poorly
Respect for Authority	<input type="checkbox"/> courteous	<input type="checkbox"/> usually positive	<input type="checkbox"/> occasional problems	<input type="checkbox"/> shows little respect
Concern for Others	<input type="checkbox"/> very considerate	<input type="checkbox"/> considerate	<input type="checkbox"/> usually considerate	<input type="checkbox"/> rarely considerate
Respects property of others	<input type="checkbox"/> always	<input type="checkbox"/> usually	<input type="checkbox"/> sometimes	<input type="checkbox"/> rarely
Responds to correction	<input type="checkbox"/> immediately	<input type="checkbox"/> positively	<input type="checkbox"/> usually positively	<input type="checkbox"/> with defiance
Emotional Maturity	<input type="checkbox"/> very mature/stable	<input type="checkbox"/> age appropriate	<input type="checkbox"/> sometimes	<input type="checkbox"/> very immature/unstable
Self Confidence	<input type="checkbox"/> healthy self image	<input type="checkbox"/> needs some support	<input type="checkbox"/> seems over confident	<input type="checkbox"/> poor self image
Parental Support	<input type="checkbox"/> actively involved	<input type="checkbox"/> cooperative	<input type="checkbox"/> overly protective	<input type="checkbox"/> antagonistic

Has this student had any discipline/conduct problems at your school? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

**Overall Recommendation:**

- recommend with enthusiasm     recommend     recommend with reservations     cannot recommend

Please add any additional comments that would be helpful in the admissions process: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Evaluator's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Position

\_\_\_\_\_  
Contact Number