

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Name of school completing recommendation: \_\_\_\_\_

**Teacher** - Please complete this confidential form electronically or by hand. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files to send to additional schools. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office, so please complete the process as soon as possible. Deadlines are determined by individual schools.

Please place an "x" in the appropriate box below and comment. Thank you.

Social Skills Ratings	Exceeds Expectations	Area of Strength	Age Appropriate	Progressing	Area of Concern	Please Comment
Self-esteem						
Acceptance of Limits						
Self-motivation						
Ability to work independently						
Interaction with peers						
Interaction with teachers						
Uses words to express feelings						
Internalization of classroom routine						
Separation from parents/caregivers						
Ability to share and work cooperatively						
Ability to wait turn						
Respect for property (personal and others)						
Accepts responsibility for actions						
Sense of humor						
Curiosity/imagination						
Attention span: self-chosen activity						
Attention span: assigned activity						
Cooperative attitude						
Leadership skills						
Makes transitions easily						
Ability to focus in large group						
Ability to focus in small group						
Responds to redirection						

Usually chooses to work in:    large group                       small group                       alone  
 Usually takes role of:                       leader                       follower                       varies  
 Hand dominance:                       right                       left                       not yet established

Physical Development Ratings	Area of Strength	Age Appropriate	Progressing	Area of Concern	Please Comment
Fine motor coordination					
Draws with details					
Uses appropriate pencil grip					
Gross motor coordination					
Body/space awareness					
Balance, gait, fluidity, smoothness of movement					
Participate in physical group activity					

**Please describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern?**

\_\_\_\_\_

**Please note any physical, visual and/or auditory strengths or weaknesses:** \_\_\_\_\_

\_\_\_\_\_

**Circle the words that best describe this applicant:**

- |            |            |                   |                |                |
|------------|------------|-------------------|----------------|----------------|
| Aggressive | Courteous  | Easily-frustrated | Independent    | Respectful     |
| Articulate | Curious    | Flexible          | Inquisitive    | Self-regulated |
| Cheerful   | Detached   | Good-natured      | Oppositional   | Serious        |
| Confident  | Determined | Impulsive         | Over-protected | Spirited       |

**H AIS Common Teacher Recommendation  
Early Childhood through Kindergarten (Page 2)**

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Please add any additional information that would provide a more complete picture of the student and family:

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Applicant is habitually tardy or late:  Yes  No If yes, please explain: \_\_\_\_\_

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**This applicant is:**

Strongly Recommended

Recommended

Recommended with Reservation

Not Recommended

I would:  like to  be willing to discuss this applicant by telephone.

**Teacher Verification:** The electronic signature below and its related fields are treated like a handwritten signature. By completing the form, I certify that the information provided is honestly presented.

<b>Teacher Signature:</b>	<b>Date:</b>
Teacher Name:	Course Name:
Teacher Email:	School Name:
Teacher Phone:	School Phone: