

# NANSEMOND - SUFFOLK ACADEMY

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## TEACHER RECOMMENDATION

### *Pre-Kindergarten*

**Dear Parent:** Complete the information requested in the spaces below, and give this form to your child's current teacher.

Applicant's Name \_\_\_\_\_

School Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Center/School \_\_\_\_\_

**Dear Teacher or Center Director:** This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. This recommendation is confidential. *Please email directly to Nansemond-Suffolk Academy as soon as possible.*  
***admissions@nsacademy.org***

I have known this candidate for \_\_\_\_\_ years \_\_\_\_\_ months. Relationship: \_\_\_\_\_

Social/Emotional	Mature	Age-Appropriate	Needs Development
Listens			
Cooperates			
Relates to peers			
Relates to adults			
Exhibits self-confidence			
Adjust to transitions			
Tolerates frustrations			
Separates from parents			
Shares materials			

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Maintains attention			
Functions independently			
Seeks help when needed			

Cognitive Development	Mature	Age-Appropriate	Needs Development
Expresses ideas orally			
Recalls details			
Grasp concepts			
Interest in learning			
Completes task			
Exhibits problem solving skills			
Fine motor skills			
Able to focus on one task			

Please check the words which describe the applicant:

- |   |   |   |                                     |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Aggressive       | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Articulate         | <input type="checkbox"/> Cheerful   |
| <input type="checkbox"/> Disobedient      | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Honest influential | <input type="checkbox"/> Irritable  |
| <input type="checkbox"/> Manipulative     | <input type="checkbox"/> Passive-resistant  | <input type="checkbox"/> Confident          | <input type="checkbox"/> Motivated  |
| <input type="checkbox"/> Responsible      | <input type="checkbox"/> Perfectionist      | <input type="checkbox"/> Self-centered      |                                     |
| <input type="checkbox"/> Self-disciplined |   |   |                                     |
| <input type="checkbox"/> Shy              | <input type="checkbox"/> Social             | <input type="checkbox"/> Curious            | <input type="checkbox"/> Well-liked |
| <input type="checkbox"/> Positive leader  | <input type="checkbox"/> Negative leader    | <input type="checkbox"/> Organized          | <input type="checkbox"/> Helpful    |
| <input type="checkbox"/> Over-protected   | <input type="checkbox"/> Conscientious      | <input type="checkbox"/> Influential        |                                     |

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Family Information	Consistently	Usually	Sometimes	Rarely
Communicates				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows the rules and policies of the school				
Has realistic expectations for the child				

## *Additional Comments*

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Teacher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Please return this form directly to:**  
Nansemond-Suffolk Academy Office of Admissions  
admissions@nsacademy.org