

SAN ANTONIO ACADEMY OF TEXAS:

PRE-K—2ND GRADE RECOMMENDATION FORM



Name of Student

Current School Name

Application Year

Location of Current School

Current Grade

CHECK ALL THAT CONSISTENTLY DESCRIBE THIS STUDENT:

- | | | |
|------------------------------------|--|--|
| ☐ Resilient | ☐ Exhibits curiosity | ☐ Aware of others' needs |
| ☐ Observant | ☐ Enthusiastic about learning | ☐ Uses words to resolve conflict |
| ☐ Patient | ☐ Works and plays cooperatively | ☐ Is able to be redirected by teacher |
| ☐ Confident | ☐ Responsive to teacher directions | ☐ Is receptive to a flexible schedule |
| ☐ Reserved | ☐ Positive interactions with peers | ☐ Accepts responsibility for actions |
| ☐ Spirited | ☐ Positive interactions with adults | ☐ Positive member of the classroom |

LANGUAGE DEVELOPMENT	Area of Strength	Age Appropriate	Progressing to Age Appropriate	Area of Concern
Articulates clearly				
Follows conversations and responds appropriately				
Exhibits a growing vocabulary				
Listens attentively				
Follows instructions				
Follows multi-step directions				
SOCIAL/EMOTIONAL/INTELLECTUAL DEVELOPMENT	Area of Strength	Age Appropriate	Progressing to Age Appropriate	Area of Concern
Separates from parent(s)/caregiver(s)				
Communicates ideas, needs, and feelings appropriately				
Shows empathy and cares for others				
Demonstrates the capacity to form friendships				
Demonstrates the ability to share				
Understands/follows social cues				
Participates in group activities				
Accepts limits and redirection				
Transitions appropriately between activities				
Tolerates frustrations				
Exhibits problem-solving skills				
Uses classroom materials respectfully and purposefully				
Demonstrates an appropriate attention span				
Completes one task before starting another				
Follows classroom routines				

SAN ANTONIO ACADEMY OF TEXAS:

PRE-K—2ND GRADE RECOMMENDATION FORM



PHYSICAL AND PERSONAL DEVELOPMENT	Area of Strength	Age Appropriate	Progressing to Age Appropriate	Area of Concern
Fine motor coordination (puzzles, lacing, scissors, etc.)				
Uses appropriate pencil grip				
Draws with detail				
Gross motor coordination (climbing, hopping, etc.)				
Has sense of body in classroom and outdoor space				
Demonstrates an ability to self-regulate/control impulses				
Dresses self (puts on/takes off sweater/shoes, etc.)				
Responsible for personal belongings				
Is willing to participate in clean-up activities				
Participates in outdoor group activities				
Demonstrates independence and self-reliance				

If applicable, please share any comments specific to any of the above selections.

Handedness established? ☐ YES ☐ NO (please check) ☐ Right ☐ Left
 Preferred play choice (please check) ☐ Large group ☐ Small group ☐ Alone
 Usually takes the role of (please check) ☐ Leader ☐ Follower

FAMILY INFORMATION	Consistently	Usually	Seldom
Cooperates with all school personnel			
School forms are completed promptly			
Perception of their child is consistent with school's perception of the child			
Responsive to teacher feedback			
Supports school/classroom systems and expectations (arriving on time, follow through with school requests, etc.)			

What is the primary language spoken at home? _____

How long have you known this child? _____

How long has this child been at the school? _____

If we have any questions, may we call you? ☐ YES ☐ NO

Teacher Signature	Phone Number	Date
Teacher Name/Title (please print)	Teacher Email	