

TEACHER RECOMMENDATION FORM

For Students Applying for Kindergarten, Grade 1 or 2
(To be completed by Current Principal/Director, Counselor, or Teacher)

Child's Name _____ Current Class/Grade _____

School Child Currently Attends (include school address) _____

Your Name & Position _____

How long have you known/taught this child? _____

Describe the class/program in which the child was enrolled at your school/center. _____

Please assess the child in the following areas:

	Excels	Age-Appropriate	Needs Development
Displays gross motor coordination (running, skipping, jumping, throwing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays fine motor coordination (cutting, pasting, coloring, tracing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focuses on work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eager to explore art media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices and shares self-expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys singing, rhythm, movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses himself/herself effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows problem-solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds well to feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(over)

	Excels	Age-Appropriate	Needs Development
Plays alone happily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys a new challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to try new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach an additional sheet if necessary when answering the below questions.

Is English a second language? Yes No

If so, please indicate the child's ability to perform in an academic atmosphere where English is the primary language.

Please describe the child's developing literacy. Briefly describe his/ her reading and writing skills.

Please describe the child's mathematics skills.

To your knowledge, has this child ever been referred for psychological or educational testing? Please explain.

To your knowledge, has this child ever been involved in a behavior modification program? Please explain.

Please comment on parent/guardian cooperation and support for the child's school experience.

Signature _____ Date _____