

COMMON TEACHER RECOMMENDATION FORM FOR STUDENTS APPLYING TO KINDERGARTEN

Barnhart	Brentwood	Campbell Hall	Center for Early Education	Chandler
Clairbourn School	The Country School	Crestview Preparatory School	Crossroads	Curtis
The Gooden School	High Point	John Thomas Dye	Mayfield Junior School	The Oaks
Polytechnic	Saint Mark's	Turningpoint	Village School	Walden
Weizmann		Wildwood		

A consortium of area schools, including those listed above, has developed this form to better allow an open exchange of information among all concerned during the admissions process. Please read the directions carefully. Thank you.

TO THE PARENT: Please complete the following portion of this form and give it to your child's teacher with a stamped envelope addressed to each of the schools to which your child is applying. Your signature acknowledges that you waive the right to read the confidential teacher recommendation(s) and the school report(s) for the student listed below. Thank you.

Name of Student _____ School Year Applying For _____

Current School Name _____

Address _____ City _____ Zip Code _____

Telephone _____ Date _____

Name of Parent/Guardian _____ Signature _____

TO THE TEACHER: Your completion of this evaluation is an important part of the admissions process and we value your candid insights and observations. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. Though each school may vary in the emphasis that it places on the qualities listed below, every school is interested in the descriptive profile which this summary provides. Please know that the professional comments you share will be held in strictest confidence. *After completing the form, please make the appropriate number of copies, indicate the school to which each copy is being sent, sign and date each copy and forward the individual copies to the schools to which the student is applying. Please retain the original for your records.* Please sign and return to each school by February 1st. Thank you.

School to which this copy of the recommendation form is being sent: _____

Social and Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustrations				
Separates from parents				
Shares materials and possessions				
Functions independently				
Asks for help when needed				
Comments				

Physical Development	Mature	Age Appropriate	Needs Development	Immature
Fine motor control				
Gross motor control				
Handedness established		YES	NO	

Cognitive Development	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Interacts with materials				
Follows directions				
Do you feel this child is ready for a full-time kindergarten program? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Comments				

HOW WOULD YOU DESCRIBE THIS CHILD?

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows the rules and policies of the school				
Has realistic expectations for their child				
Meets financial obligations in timely manner				
Comments				

Signature _____ *Name* _____
(Original signature for each copy) *(Please print)*

Title or position _____

How long have you known this child? _____ *Telephone* _____

First date of child's enrollment in your school _____ *Today's date* _____

Your judgments are used solely for the admissions process and are held in strictest confidence.
We thank you in advance for the help your comments provide.