



# THE GOODEN SCHOOL

Recommendation Form Grades 1 - 2

Name of Student \_\_\_\_\_ Application for Grade \_\_\_\_\_

**Parent or Guardian: Please write your child's name in the space above and read and sign the following before giving to your child's teacher or school administrator.**

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone outside of the Admissions Committee.

\_\_\_\_\_  
Signature of Parent or Guardian Date

*We appreciate your cooperation in completing this confidential form. It is one way we get to know this child. We receive information with the full awareness that young children are constantly growing, changing, and developing. Thank you!*

Relationship to the child \_\_\_\_\_

Length of time you have known child \_\_\_\_\_

What are the first words that come to mind to describe this child? \_\_\_\_\_

SOCIAL DEVELOPMENT	CONSISTENTLY	SOMETIMES	SELDOM
Can be a friend			
Is supportive of peers			
Plays alone happily			
Cooperates at play			
Shares well			
Initiates play activities			
Has the capacity to lead			
Has the capacity to follow			
Is imaginative			
Uses materials purposefully			
Seeks help when needed			
Is mature for age / grade			
Exhibits an appropriate sense of humor			
Demonstrates self-control in class			
Demonstrates self-control on playground			
Is comfortable with adults			
Is easily frustrated			

PHYSICAL DEVELOPMENT	ADVANCED	AGE APPROPRIATE	NEEDS DEVELOPMENT
Small muscle control & development			
Large muscle control & development			
Speech development			
Please identify this child's special needs, if any, that have been identified through assessments and/or evaluations.			

ACADEMIC SKILL DEVELOPMENT	ADVANCED	AGE APPROPRIATE	NEEDS DEVELOPMENT
Is attentive			
Listens in a group			
Contributes to group discussions			
Follows directions			
Works cooperatively			
Demonstrates ability to focus on one task			
Completes tasks			
Respects classroom routines			
Is curious			
Is willing to try new activities			
Is a self-starter			
Enjoys new challenges			
Exhibits problem solving ability			
Expresses ideas well			
Please provide any further information you think we should know about this child's social, physical, and academic skill development. Use separate sheet of paper if needed.			

<i>FAMILY INFORMATION</i>	<i>CONSISTENTLY</i>	<i>SOMETIMES</i>	<i>SELDOM</i>	<i>NOT OBSERVED</i>
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 a timely manner				

\_\_\_\_\_  
*Signature* *Print Name/Title* *Date*

\_\_\_\_\_  
*Name of School* *School Address*

Would you be willing to discuss this child by telephone if we have further questions?  Yes  No

\_\_\_\_\_  
*School Telephone* *Best time to reach you*

*Please return recommendation form to:* **The Gooden School**  
**ATTN: Admissions**  
**192 North Baldwin Avenue**  
**Sierra Madre, California 91024**