

COMMON TEACHER RECOMMENDATION FORM FOR KINDERGARTEN

Pasadena Area California Association of Independent Schools

Barnhart School Chandler School Clairbourn School Crestview Preparatory School
 The Gooden School High Point Academy Mayfield Junior School New Horizon School
 Polytechnic School Saint Mark's School Sequoyah School Walden School The Waverly School

Name of Student

Current School Name

Application Year

PARENT OR GUARDIAN: Please read and sign the following before giving this form to your child's teacher. Please include an addressed/stamped envelope to each of the schools to which your child is applying. I understand and agree that the information contained in this Teacher Recommendation Form is confidential, will be used only in the admissions process, and will not become part of my child's permanent file. I waive any right that I may have to see or read this completed form.

Name of parent or guardian (please print)

Signature

____/____/____
Date

TEACHER: Your completion of this form is an important part of the admissions process and we value your candid insights and observations. It is important that the student's next school placement be appropriate for the student and family. Although each school may vary in the emphasis that it places on the areas in this form, each school listed is interested in the descriptive profile, which this form provides. **Please know that the professional comments you provide will be held in the strictest confidence. After completing this form, please make the appropriate copies, sign and date each copy and forward to the schools to which the student is applying. Thank you very much.**

CIRCLE ALL THAT CONSISTENTLY DESCRIBE THIS STUDENT:

Resilient	Exhibits curiosity	Aware of others' needs
Observant	Enthusiastic about learning	Uses words to resolve conflicts
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

<i>LANGUAGE DEVELOPMENT</i>	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				
<i>SOCIAL/EMOTIONAL/INTELLECTUAL DEVELOPMENT</i>				
Separates from parent(s)/caregiver(s)				
Communicates ideas, needs and feelings appropriately				
Shows empathy and care 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				

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 cleanup activities				
Participates in outdoor group activities				
Demonstrates independence and self-reliance				

Please share any comments related to areas of concern as indicated: _____

Handedness established? **Yes** **No** (please circle) Right Left
 Preferred play choice (please circle) Large group Small group Alone
 Usually takes role of (please circle) Leader Follower

FAMILY INFORMATION	Consistently	Usually	Seldom
Participates in school activities			
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 (i.e. arriving on time, follow through with school requests etc.)			

What is the primary language spoken in the home? _____
 How long have you known this child? _____ How long has this child been at the school? _____
 This child attends **half-day** **full day** (please circle) How many days per week does this child attend? _____
 Please share any additional information regarding the applicant or the family that would be helpful

Is this applicant ready for a full time kindergarten program? **Yes** **No**
 If we have additional questions, may we call you? **Yes** **No** Most convenient time to call: _____

Teacher Signature	Phone Number	Date
Teacher Name (please print)	()	/ /
Teacher Email (please print)	School Address	
	City, State, Zip Code	