



CONFIDENTIAL TEACHER RECOMMENDATION | *for Pre-Kindergarten*

TO THE PARENT: Please give this form to the appropriate person at your child's current school with a stamped envelope addressed to Walden School. To ensure confidentiality, the teacher must mail this form directly to Walden.

Name of Student: _____ Date of Birth: _____

I understand and agree that information supplied to Walden is confidential and will not be disclosed to me.

Signature of Parent or Guardian _____ Date _____

TO THE TEACHER: This child is a candidate for admission to Walden School. Your insights and observations are extremely helpful and the professional comments you provide will be held in strictest confidence. Please mail the completed form directly to the Director of Admissions at the address below.

GROWTH

	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING to AGE APPROPRIATE	AREA OF CONCERN *
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustration				
Separates from parents				
Shares materials & possessions				
Functions independently				
Asks for help when needed				

* Please explain any areas of concern with specific examples:

PHYSICAL DEVELOPMENT

	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING to AGE APPROPRIATE	AREA OF CONCERN
Fine motor control				
Gross motor control				

Handedness established? Yes No

Comments:

COGNITIVE INFORMATION

	SELDOM	SOMETIMES	USUALLY	CONSISTENTLY
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 purposefully				
Follows directions				

Comments:

FAMILY INFORMATION

	SELDOM	SOMETIMES	USUALLY	CONSISTENTLY
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				
Perception of their child is consistent with school's perception of the child				
Supports school/classroom systems and expectations (ie: arrives on time; follows through on school requests, etc.)				

Comments:

How long have you known this child?

SIGNATURE

Print Name: _____ Title / Position: _____

School Name: _____

School Address: _____ State: _____ Zip: _____

School Phone: _____ Best time to call: _____

Signature: _____ Date: _____