

**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:

	<b>Excels</b>	<b>Age-Appropriate</b>	<b>Needs Development</b>
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)

	<b>Excels</b>	<b>Age-Appropriate</b>	<b>Needs Development</b>
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.

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

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Please describe the child's mathematics skills.

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

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

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_