



ST. THERESE
CATHOLIC ACADEMY

Teacher Recommendation Form

FOR STUDENTS APPLYING TO KINDERGARTEN. TO BE
COMPLETED BY YOUR CHILD'S PRESCHOOL TEACHER.

Student's Full Name		Preferred Name
Teacher's Name	Phone	E-Mail
School Name	School Address	

How long have you known this student and in what context?

This evaluation is for admission to kindergarten. Please state any information that would be helpful to us in our assessment and placement of this student. All recommendations are confidential and are reviewed with the awareness that children are constantly developing. We appreciate your time and honesty.

- ◆ What 3-5 words first come to mind to describe the student's:
 - (a) Personality? _____
 - (b) Learning Style? _____
 - (c) Academics? _____

◆ Please comment on this child's strengths (academic or non-academic).

- ◆ Is this child involved in any special learning programs? Yes No
- If you answered yes, please complete below
- _____ Special Education – IEP, 504
- _____ English as a Second Language (ESL)
- _____ Hearing
- _____ Speech

◆ Please describe any significant areas of concern (social, emotional, academic, etc.).

◆ Are the parents of this applicant supportive of their child's strengths and challenges? Have their expectations and perceptions of their child and the school been in alignment with yours and your school's? Please comment.

SOCIAL DEVELOPMENT	Area of Strength	Appropriate for Age	Progressing toward Age Appropriate	Comments
Plays/works well with others				
Shows empathy toward peers				
Plays alone happily				
Displays self control				
Has adequate attention span				
Demonstrates ability to lead				
Demonstrates ability to follow				
Demonstrates self-control in class				
Demonstrates self-control on playground				
Responds positively to redirection				
Seeks help when needed				
Respects property of others				

PHYSICAL DEVELOPMENT	Areas of Strength	Appropriate for age	Progressing toward Age Appropriate	Comments
Small muscle control/coordination				
Large muscle control/coordination				
Holds crayon/pencil correctly				
Holds/cuts with scissors correctly				
ACADEMIC READINESS				
Counts 10 objects				
Counts to 20				
Speaks clearly				
Speaks in sentences				
Recognizes own name				
Recognizes letters in alphabet				
Can print own name				
Forms letters correctly				
Shows interest in stories/books				
SKILL DEVELOPMENT				
Is attentive				
Listens in a group				
Contributes to group discussions				
Works cooperatively				
Demonstrates ability to focus on one task				
Follows directions				
Completes tasks independently				
Makes transitions easily				
Responds positively to constructive criticism				
Willingness to try new activities				
Enjoys new challenges				
Is a self starter				
Exhibits problem-solving abilities				
Exhibits appropriate sense of humor				

In your opinion, will this child be ready for full-day kindergarten? Yes No

We would appreciate any additional information which you think would help our school make an informed decision.

I would like a telephone conference to provide further information: <input type="checkbox"/> Yes <input type="checkbox"/> No Best time to call _____ Phone number to call _____
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Teacher Signature _____ Date _____