



TEACHER RECOMMENDATION FORM

ELEMENTARY SCHOOL: KINDERGARTEN-6TH GRADE

TO THE PARENT:

Please complete the top portion of this form and provide to your child's most recent teacher. This may all be done through email. Please have them send to: admissions@springhillschool.org

APPLICANT INFORMATION

FIRST	MIDDLE	LAST	(Likes to be called)
APPLYING FOR GRADE _____		YEAR OF ENTRY _____	DATE OF BIRTH <u> </u> / <u> </u> / <u> </u> DD MM YYYY

CURRENT SCHOOL INFORMATION

NAME OF CURRENT SCHOOL _____				
CITY	STATE	ZIP	COUNTRY	() PHONE NUMBER
DATE _____		SIGNED (Parent or Guardian) _____		

TO THE PRINCIPAL OR TEACHER:

Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

IN WHAT CAPACITY AND HOW LONG HAVE YOU KNOWN THIS APPLICANT? _____

NAME: _____

QUESTIONS ABOUT THE CHILD

PLEASE CHECK ALL TERMS THAT ARE TYPICAL BEHAVIOR OF THIS APPLICATION. COMMENT IF NEEDED.

SOCIAL DEVELOPMENT

- | | |
|--|--|
| <input type="checkbox"/> EXHIBITS INDEPENDENCE | <input type="checkbox"/> PLAYS WITH OTHERS |
| <input type="checkbox"/> FOLLOWS | <input type="checkbox"/> RESPONDS POSITIVELY TO CORRECTION |
| <input type="checkbox"/> FOLLOWS RULES | <input type="checkbox"/> SHARES |
| <input type="checkbox"/> INITIATES ACTIVITY | <input type="checkbox"/> STANDS UP FOR RIGHTS |
| <input type="checkbox"/> PLAYS ALONE | <input type="checkbox"/> TAKES THE LEAD |

EMOTIONAL DEVELOPMENT

- | | |
|--|--|
| <input type="checkbox"/> ADAPTABLE | <input type="checkbox"/> HAPPY |
| <input type="checkbox"/> AGGRESSIVE | <input type="checkbox"/> HOSTILE |
| <input type="checkbox"/> ANGRY | <input type="checkbox"/> NERVOUS |
| <input type="checkbox"/> CONFIDENT | <input type="checkbox"/> RECEPTIVE |
| <input type="checkbox"/> CONTENT | <input type="checkbox"/> SAD |
| <input type="checkbox"/> CONTROLLED | <input type="checkbox"/> SHY |
| <input type="checkbox"/> EVEN-TEMPERED | <input type="checkbox"/> TIGHTLY WOUND/RIGID |
| <input type="checkbox"/> FLEXIBLE | <input type="checkbox"/> WITHDRAWN |

WORK HABITS

- | | | |
|---|--|---|
| <input type="checkbox"/> COMPLETES TASKS | <input type="checkbox"/> IS PERSISTENT | <input type="checkbox"/> IS CURIOUS |
| <input type="checkbox"/> DRIFTS | <input type="checkbox"/> LISTENS ATTENTIVELY | <input type="checkbox"/> IS OBSERVANT |
| <input type="checkbox"/> FOCUSES | <input type="checkbox"/> ORGANIZES | <input type="checkbox"/> IS CREATIVE |
| <input type="checkbox"/> FOLLOWS DIRECTIONS | <input type="checkbox"/> WORKS IN A GROUP | <input type="checkbox"/> EAGER TO LEARN |
| <input type="checkbox"/> IS DISTRACTIBLE | <input type="checkbox"/> WORKS INDEPENDENTLY | |

NON-VERBAL DEVELOPMENT

- | | |
|---|--|
| <input type="checkbox"/> ATTENTION TO DETAILS | <input type="checkbox"/> RECOGNITION OF PATTERNS |
| <input type="checkbox"/> DIRECTIONALITY & ORIENTATION | <input type="checkbox"/> SPATIAL AWARENESS |

PLEASE DESCRIBE AREAS IN WHICH THIS CHILD EXCELS:

PLEASE DESCRIBE AREAS ABOUT WHICH THE NEW TEACHER SHOULD BE AWARE :

HAS THIS CHILD EVER BEEN A RECIPIENT OF SPECIAL NEEDS PROGRAMMING, I.E. GIFTED & TALENTED, LEARNING NEEDS/ DISABILITY, RESOURCE CENTER, ESL, ETC?

(If yes, please explain):

HAS YOUR SCHOOL, OR ANY OTHER SCHOOLS THAT YOU KNOW OF, RECOMMENDED THIS STUDENT FOR ANY ACADEMIC, LEARNING, PSYCHOLOGICAL TESTING?

(If yes, please explain):

PLEASE CHECK YOUR ASSESSMENT OF THE APPLICANT IN EACH CATEGORY FOR APPLICANT'S AGE LEVEL AND COMMENT BELOW

KINDERGARTEN ONLY

LANGUAGE/ COMMUNICATION SKILLS

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	N/A
SPEAKS IN COMPLETE SENTENCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USES APPROPRIATE VOCABULARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARTICULATES WORDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOLLOWS DIRECTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEQUENCES EVENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONDS APPROPRIATELY DURING GROUP ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL DEVELOPMENT

GROSS MOTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
balance, movement through space					
FINE MOTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hand-eye coordination, zips, buttons, stacks, cuts, handwriting					

1ST-5TH GRADE ONLY

ACADEMIC SKILLS

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	NEEDS SUPPORT	N/A
ORAL EXPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABSTRACT THINKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATIONAL SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENTION SPAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRITICAL THINKING AND CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENGLISH/ LANGUAGE ARTS

READING COMPREHENSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN EXPRESSION // GRAMMAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN EXPRESSION // COMPOSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VERBAL EXPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MATHEMATICS

KNOWLEDGE OF BASIC SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO GRASP CONCEPTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANALYTICAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLICATION OF SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

ARE ABSENCES EXCESSIVE? YES NO

IF YES, PLEASE COMMENT:

QUESTIONS ABOUT THE PARENT/GUARDIAN

PLEASE CHECK THE PARENTS/GUARDIANS SUPPORT TERMS THAT ARE TYPICAL:

- ARE COOPERATIVE
- ARE INTERESTED IN EDUCATION
- FOLLOW THROUGH WITH SUGGESTIONS
- HAVE REALISTIC PICTURE OF CHILD'S ABILITY
- VALUE CHILD'S UNIQUENESS

IF THE NEED ARISES, MAY WE CONTACT YOU FURTHER? YES NO **PHONE NUMBER** () _____

DATE _____ **SIGNED (Teacher)** _____