



The Child's Primary
SCHOOL
A learning community since 1983

Teacher Recommendation Form

****This information is confidential and should be returned directly to The Child's Primary School from the teacher.****

_____ is applying for enrollment at **The Child's Primary School**.

Receipt of the attached Teacher Recommendation Form is necessary before the student's application file is complete. We appreciate your time and valuable evaluation. Please complete this form as soon as possible and return it to TCPS. A self-addressed, stamped envelope is enclosed for your convenience. If you prefer, you may fax or e-mail the completed form to (858) 576-2445 or lballard@tcps.org and then follow-up with a hard copy in the mail.

Please feel free to contact me by phone or e-mail (lballard@tcps.org) if you have any questions.

Thank you for your prompt attention to this matter.

Sincerely,

Lorenda Ballard
Admissions Assistant



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Applicant's name _____ Teacher's name _____

School name _____ Telephone _____

How long have you known the applicant? _____

In what grade(s) and subject(s) have you taught the applicant? _____

The Child's Primary School wants each child to enjoy a successful, positive, and happy experience. We thank you for your valuable assistance.

Please write a summary of your evaluation of this student - including cognitive (academic), social, and emotional aspects.

I DO _____ OR, I DO NOT _____ recommend this child to **The Child's Primary School**.

Teacher Signature

Date

If additional space is required for any question, please continue on the back of the form or attach an additional sheet. Please also enclose with this recommendation form any check lists or reports that you use with your students.

1. Ability to work in a group
 has great difficulty **
 sometimes has difficulty
 usually effective
 always works well

2. Ability to work independently
 needs much help
 needs help frequently
 needs help occasionally
 always works well

3. Participation in discussion:
 rarely contributes
 wants to dominate
 contributes occasionally
 joins in readily

4. Follows directions:
 rarely
 needs much explanation
 occasionally needs help
 quickly and effectively

5. Attention span:
 easily distracted
 occasionally distracted
 usually good
 exceptionally good

6. Consideration of others
 rarely considerate**
 usually considerate
 considerate
 extremely considerate

7. Social adjustment with peers:
 relates poorly**
 establishes relationship, but has frequent problems **
 healthy relationships

8. Classroom conduct:
 frequent disruptions**
 occasional disruptions**
 usually good behavior
 excellent behavior

9. Able to attend to group activities (15-20 min)::
 has great difficulty**
 sometimes has difficulty**
 usually able to attend
 always attentive in group

10. Response to a new social situation:
 withdraws to watch
 participates with strain
 participates with ease
 dominates others
 disrupts activity

11. Response to a conflict situation:
 gives up
 cries
 fights physically
 argues
 tries to resolve with peer
 seeks teacher's help

12. Response to teacher's affection:
 squirms
 stiffens
 rejects
 responds
 seems uncomfortable

13. Response to discipline:
 resists
 cooperates
 becomes upset
 cries
 appears defiant

14. Parent cooperation:
 unknown
 fair
 good
 outstanding

15. Understands the concept of taking turns:
 always interrupts or pushes ahead
 has some difficulty waiting turn
 usually waits turn without difficulty
 always waits turn without difficulty

16. Separation from parents:
 frequently difficult
 occasionally hesitant
 not an issue

17. Response to other school staff:
 frequently difficult
 occasionally hesitant
 not an issue

For any boxes notated with **, please provide further information describing the situation and providing examples (continue on back if needed).

18. What form of discipline/behavior modification is used?

19. Does your preschool include any organized learning program in pre-reading activities? If yes, please describe.

20. How would you evaluate this child's small motor abilities (examples: using scissors, crayons, etc.)?

21. To your knowledge has this child had vision or hearing tested? Has your experience with the child indicated any visual or hearing difficulties?

22. How would you evaluate this child's readiness for kindergarten?

23. What are this child's major interests in school?

24. Do you perceive this child to have any special needs? If yes, please describe.

25. What are the particular goals that you, as a teacher, have for this child this year?

25. Is there anything else about this child that you feel we should know?

Thank you for your time and cooperation