

Teacher Recommendation

Confidential

Please Return by January 19, 2016



Oregon Episcopal School

Parent or Guardian

Name of Student: _____ Applying to Grade: _____

Please read the following before giving this form to your child's teacher.

I understand that the information furnished by the reference named below is confidential and will become the property of Oregon Episcopal School. This recommendation will not become part of the student's educational record.

Teacher

Thank you for your time and care in completing this recommendation for the student named above. We value your responses and will keep your input **confidential**. Student files are not considered complete without this recommendation.

Return completed form directly to OES by **January 19, 2016**. Forms can be emailed to apply@oes.edu, faxed to 503-768-3140, or mailed to OES Admissions, 6300 SW Nicol Road, Portland, OR 97223.

Compared to all the students this age whom you have taught, please rate this student in the following areas:

	Area of strength	Age appropriate	Progressing	Area of concern	Comments
Social/Emotional Development					
Separates easily from parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finds ways to enter group play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is able to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is able to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays/works alone comfortably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respects the rights and property of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shows concern toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stands up for self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses words to resolve conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an appropriate sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cognitive Development					
Contributes in group discussion/gathering	<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"/>	
Demonstrates ability to focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Willingly tries new activities and challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recalls and utilizes prior information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily grasps new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds to teacher re-direction/limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adjusts to classroom rules/routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moves easily from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speech and Language Development					
Interest in storytelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands questions - Clarification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pronounces words clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expresses wants/needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retrieves words with ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PK - Grade I Teacher Recommendation for (student name): _____

Physical Development

Area of strength Age appropriate Progressing Area of concern

Comments

Exhibits self-help skills (bathroom skills, hand-washing, etc.)

☐ ☐ ☐ ☐

Tolerates a variety of sensory stimuli

☐ ☐ ☐ ☐

Awareness of personal space

☐ ☐ ☐ ☐

Demonstrates gross-motor skills (running, hopping, climbing, etc.)

☐ ☐ ☐ ☐

Balance and coordination

☐ ☐ ☐ ☐

Are the parents of this child:	Consistently	Usually	Occasionally	Seldom	Comments
Supportive of the child's experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?					

I have known the applicant for _____ **years,** _____ **months. This class has** _____ **students and** _____ **teachers.**

Are you the child's current classroom teacher? ☐ **Yes** ☐ **No.** **If no, explain relationship:** _____

What do you see as special strengths and/or challenges of this child? _____

Does this child need extra assistance from the teacher? Describe any extra help or special services the child receives. _____

Is there additional information about this student or family that you feel deserves consideration by the Admissions Committee? _____

Overall, do you recommend this student? ☐ **Highly recommend** ☐ **Recommend** ☐ **With reservation** ☐ **Do not recommend**

If this answer is "With reservation" or "Do not recommend," please explain: _____

Thank you for your time and assistance. Please note this form is not complete until signed below.

Your Name (please print)

School Name

Email

Phone Number

Signature

Date

Oregon Episcopal School

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