

ARCADIA CHRISTIAN SCHOOL
1900 S. Santa Anita Avenue, Arcadia, CA 91006
(626) 574-8229 FAX: (626) 574-1224

TEACHER RECOMMENDATION FORM
KINDERGARTEN

This form is CONFIDENTIAL and must be either mailed or faxed directly to the school.
Please do not give to parents.

Name of Student: _____ Birthdate: _____

Preschool: _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____ Date: _____

We greatly appreciate your taking the time and effort to complete and return this form. It is important that the child's next school placement be an appropriate one for both the student and the family. Your insights and observations are much appreciated and very important. Please know that the professional comments you share will be held in strictest confidence and we thank you in advance for your assistance and cooperation.

SOCIAL AND EMOTIONAL DEVELOPMENT	Always	Usually	Sometimes	Never
Listens – Can sit still for _____ minutes				
Cooperates with his teacher and peers				
Relates to peers with kindness				
Relates to adults with respect				
Exhibits self-confidence				
Exhibits self-control				
Adjusts to transitions in between activities				
Tolerates frustration: well cries easily tantrums Displays defiance (circle as many as apply)				
Separates from parents easily				
Shares materials and possessions well				
Functions independently at seat work time				
Asks for help when needed				
Displays a teachable spirit				

Comments: _____

PHYSICAL DEVELOPMENT	Mature	Age Appropriate	Needs Development	Immature
Fine motor control				
Gross motor control				

COGNITIVE DEVELOPMENT	Always	Usually	Sometimes	Never
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Raises hand, waits turn, focused				
Displays understanding of concepts presented				
Demonstrates an interest in learning				
Demonstrates ability to use materials				
Follows directions promptly				

Comments: _____

How long have you known this child? _____

First date of child's enrollment in your school: _____

FAMILY INFORMATION	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows the rules and policies of the school				
Meets financial obligations in a timely manner				

RECOMMENDATION:

____ **Recommend**

____ **Do not recommend**

Comments: _____

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Signature: _____ Type or print name: _____

Title or position: _____ Telephone: _____

Your judgments are used solely for the admission process and are held in strictest confidence. We thank you in advance for the help your comments provide.

Teacher recomm.kdg