

Admission Office 2450 S Wabash Street Denver, CO 80231

Ph: 303-369-0663 Fax: 303-369-0664 Shayna Friedman, Director of Admission Email: sfriedman@denverjds.org

Please see other side

Teacher Recommendation Form

(for students applying to Kindergarten)

To the Parent: Please print the student's name and give this form to the current classroom teacher.

To the Teacher: This information will only be used for admission purposes and will remain confidential. It will not be shared with the student's parents, and will not become a part of the student's permanent file. Please submit this form to Denver JDS.

Student's Name		Date					
Teacher's Name	Phone Number						
School		Phone	e Number				
School Address	City			ST Zip			
Social Skills and Approach to Learning	Very Good	Average	Below Average	Please Comment			
Cooperative play with peers							
Interaction with non-family adults							
Behavior in structured activities							
Behavior in unstructured activities							
Attention span							
Working in large groups							
Working in small groups							
Working independently							
Resolving conflict							
Comments on student's social skills and approa	ch to learnin	g:					
Motor Development			Very Good	Average	Below Average		
Gross motor							
Fine motor							
Comments on student's motor development:							

Language		Very Good	Average	Below Average
Listening skills				
Expressive skills				
Speech development				
Comments on student's language skills:				
Reasoning		Very Good	Average	Below Average
Classification				
Color identification				
Describe the most important accomplishment this stude	nt has made in y	our classroom:		
Describe the areas needing support or adult intervention	n:			
Is there any other information we should know regarding	g this student's pl	lacement in Kii	ndergarten?	
In your opinion, is the student ready for a full day kinder	garten program?	☐ Yes	☐ No	Unsure