



# METROPOLITAN SCHOOL *of* PANAMA

## TEACHER RECOMMENDATION FORM

Students Applying to Pre-Kinder 3, Pre-Kinder 4 or Kinder

Full name of Applicant: \_\_\_\_\_ School Name: \_\_\_\_\_

Applicant for Grade: ☐ Pre-Kinder 3 (3-4 years old) ☐ Pre-Kinder 4 (4-5 years old) ☐ Kindergarten (5-6 years old)

This form is a requirement for admission consideration at the Metropolitan School of Panama and is to be completed by the applicant's current teacher. Teachers may e-mail the form directly to [admissions@themetropolitanschool.com](mailto:admissions@themetropolitanschool.com) or send it with the parents in a sealed envelope stamped with the school seal.

**Note to the Teacher:** This teacher recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. Your feedback is greatly appreciated.

Please note that the child's application cannot be processed until this form is received by the Admissions Office.

Check the relevant box below:

| Area of Development                     | Area of Strength         | Age Appropriate          | Area of Concern          | Comments |
|---|--------------------------|--------------------------|--------------------------|----------|
| Self Esteem                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Acceptance of Skills                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Self-Motivation                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Ability to work independently           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Interaction with peers                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Interaction with teachers/adults        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Uses words to communicate               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Can express feelings appropriately      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Follows classroom rules                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Separation from parents/caregiver       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Ability to share and work cooperatively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Ability to wait their turn              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Curiosity                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Sense of humor                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Attention span of self-chosen activity  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Attention span of assigned activity     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Leadership skills                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Makes transitions easily                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Ability to focus in large groups        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Ability to focus in small groups        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Fine motor coordination                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Gross motor coordination                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Body/Spacial awareness                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Balance, gait and fluidity of movement  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |



The child usually chooses to work in: ☐ Large group ☐ Small group ☐ Alone

Hand dominance: ☐ Right ☐ Left ☐ Not yet established

Is the child potty trained? ☐ No ☐ Yes ☐ In Progress ☐ Comment: \_\_\_\_\_

Does the child require a security item (i.e.: blanket, toy, etc.)? ☐ No ☐ Yes, item: \_\_\_\_\_

Please describe any notable social, behavioral or emotional concerns. What steps have been taken to address them?

Has the child received or has been recommend to receive additional support in the following areas?

☐ Speech Therapy ☐ Physical Therapy ☐ Sensory Therapy ☐ Occupational Therapy  
☐ Conduct Therapy ☐ Family Counseling ☐ Individual Counseling

Please describe any notable physical, visual, or auditory concerns:

Is the applicant habitually tardy or absent? ☐ No ☐ Yes Number of absences: \_\_\_\_\_

What are three words you would use to describe this applicant?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

English level of applicant: ☐ Native English Speaker ☐ Limited English Speaker ☐ Non-English Speaker

Is the family supportive of the policies of the school? ☐ No ☐ Yes, explain: \_\_\_\_\_

Is there anything of note regarding the family of the applicant that our Admissions Office should know?

☐ No ☐ Yes, explain:

Is there information that would be better conveyed in a phone conversation? ☐ No ☐ Yes, number: \_\_\_\_\_

Do you recommend this student for admission at the Metropolitan School of Panama?

☐ Without reservation ☐ With reservation ☐ Not at all

Full name of teacher (print): \_\_\_\_\_ Position: \_\_\_\_\_

Signature of teacher: \_\_\_\_\_ Date: \_\_\_\_\_

School Seal