



****CONFIDENTIAL****

Teacher Recommendation

FOR STUDENTS APPLYING TO KINDERGARTEN
TO BE COMPLETED BY YOUR CHILD'S PRESCHOOL TEACHER

Student's Full Name

Preferred Name

Teacher's Name

Phone

Email

School Name

School Address

How long have you known student and in what context?

This evaluation is for admission to kindergarten. Please state any information that would be helpful to us in our assessment and placement of this student. All recommendations are confidential and are received with the awareness that children are constantly developing. We appreciate your time and honesty.

What 3 – 5 words first come to mind describing the student's:

Personality

Learning Style

Academics

Please comment on this child's strengths (academic and non-academic).

Is this child involved in any special learning programs? ☐ Yes ☐ No

- ☐ Gifted Education
- ☐ Special Education (IEP, 504 plan)
- ☐ Speech
- ☐ OT/PT

Please describe any significant areas of concern (social, emotional, academic, etc.)

SOCIAL DEVELOPMENT	Area of Strength	Appropriate for Age	Progressing Toward Age Appropriate	Comments
Plays/works well with others				
Shows empathy towards peers				
Plays alone happily				
Displays self control				
Has adequate attention span				
Demonstrates ability to lead				
Demonstrates ability to follow				
Demonstrates self-control in class				
Demonstrates self-control on playground				
Responds positively to redirection				
Seeks help when needed				
Respects property of others				
PHYSICAL DEVELOPMENT				
Small muscle control/coordination				
Large muscle control/coordination				
Holds crayon/pencil correctly				
Holds/cuts with scissors correctly				
ACADEMIC READINESS				
Counts 10 objects				
Counts to 20				
Speaks clearly				
Speaks in sentences				
Recognizes own name				
Recognizes letters in alphabet				
Can print own name				
Forms letters correctly				
Shows interest in stories/books				
SKILL DEVELOPMENT				
Is attentive				
Listens in a group				
Contributes to group discussions				
Works cooperatively				
Demonstrates ability to focus on one task				
Follows directions				
Completes tasks independently				
Makes transitions easily				
Responds positively to constructive criticism				
Willingness to try new activities				
Enjoys new challenges				
Is a self starter				
Exhibits problem-solving abilities				
Exhibits appropriate sense of humor				

In your opinion, will this child be ready for full-day kindergarten? ☐ Yes ☐ No

We would appreciate any additional information which you think would help our school make an informed decision.

I would like a telephone conference to provide further information: ☐ Yes ☐ No

Best time to call _____ Phone number _____

_____ Teacher Signature	_____ Date
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Please send this completed form to:

Admissions Office
Evergreen Academy Elementary School
16017 118th Place NE Bothell, WA 98011