

Entering Grade:
 ___ Kindergarten
 ___ First



KINDERGARTEN AND FIRST GRADE TEACHER RECOMMENDATION FORM

Applicant's Name Last First Middle Age

Current School Class Teacher

School Address Circle the number of days child attends: 1 2 3 4 5 .weekly

Your observations are an invaluable guide in determining the best placement for this child. This information is confidential and privileged. It is intended for admissions use only and will not be a part of the student's permanent record. Your candid responses to the following questions are appreciated. Thank you for your help.

PART 1. Please check the response most appropriate for this child.

A. ATTENTION SPAN

- Focuses and maintains attention over time
- Attends with occasional teacher redirection
- Easily distracted by noise or movement of others
- Requires frequent teacher redirection

B. TASK PERSISTENCE

- Persists and completes tasks independently
- Attempts task with some encouragement
- Attempts task after much encouragement
- Refuses to attempt/complete task

C. DEGREE OF INDEPENDENCE

- Able to work on most tasks independently
- Requires occasional assistance to complete task
- Requires frequent assistance to complete task
- Needs constant supervision/guidance to complete task

D. PEER RELATIONSHIPS

- Works and/or plays well with others
- Friendly but reserved
- Has difficulty interacting with peers

E. ATTENTION TO DIRECTIONS IN TEACHER-DIRECTED ACTIVITIES

- Listens carefully to entire directions
- Attends only to brief directions
- Plunges ahead after hearing only portion of directions

F. COMPREHENSION OF DIRECTIONS IN TEACHER-DIRECTED ACTIVITIES

- Rapid comprehension of most directions, given age expectations
- Understands after several repetitions
- After several repetitions understands only partial directions

G. VERBALIZATION

- Communicates ideas clearly
- Has difficulty expressing wants/needs
- Speech has sound substitutions
- Verbal interactions are inappropriate for age/situation

H. BODY MOVEMENT AT LISTENING TIMES

- Sits quietly
- Some squirming
- Much movement
- Out of seat; body constantly in motion

I. CONFIDENCE

- Very sure of self
- Confident with things known, attempts new things with encouragement
- Reluctant to try new or difficult things
- Very uncertain, needs much encouragement

PART II.

1. Please comment on the individual strengths of this student.

2. Are there activities that appear difficult for this child? Please explain.

3. Please comment on this child's emotional and social maturity.

4. Has this family been a supportive partner in reaching this child's goals this year?

5. I would recommend this student for admission to Community Christian School's program (please check for each below.)

	Strongly Recommend	Recommend	Recommend with reservation	Not at this time
For academic promise	_____	_____	_____	_____
For character & personal promise	_____	_____	_____	_____

6. Do you have any comments or reservation about this child you feel warrant a discussion with us? yes no
 If yes, please give us a phone number where we may contact you. _____

PART III.

Please complete the following chart by checking the most appropriate column for the indicated behavior

	Usually	Occasionally	Rarely
Exhibits self-control in classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respectful of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperative with teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Considerate in work and play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHEN YOU COMPLETE THIS FORM, PLEASE MAIL DIRECTLY TO:

Admissions Director
 Community Christian School
 4859 Kerry Forest Parkway
 Tallahassee, FL 32309

ANY QUESTIONS MAY BE DIRECTED TO:

Mrs. Ginny Schoolfield, Elementary Principal, 893-6628
 Mrs. Pam Hollingsworth, Educational Services Director, 893-6628

