



Teacher Recommendation Form

Parent/Guardian _____

Name of Applicant _____ Date of Birth _____

Applying for Grade Pre-K 3 Pre-K 4 Kindergarten

Teacher:

Your insights and observations are important in helping to determine appropriate school placement for the child and the family so that his/her aspirations can best be reached. Please know that the professional comments you share will be held in strictest confidence and will be made available only to the school admissions office. This form will not become a part of the student's permanent records.

How would you describe this child?

Social and Emotional Development	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Area of Concern
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustration				
Separates from parents				
Shares materials and possessions				
Functions independently				
Asks for help when needed				
Demonstrates self-control				

Comments _____

Physical Development	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Area of Concern
Fine motor control				
Gross motor control				
Speech and articulation				

Comments _____

Cognitive Development	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Area of Concern
Expresses ideas orally				
Speaks in complete sentences				
Sustains attention in small groups				
Sustains attention in large groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Utilizes materials appropriately				
Follows directions				

Comments _____

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Follows the rules and policies				

Comments _____

Administrative Comment (optional)_____

Name _____ Position _____

Signature _____ Date _____

School _____ Phone _____

School address _____

Signature (Administrator) _____ Date _____

Note: I agree and understand that my typed signature is the equivalent of my manual/handwritten signature.

Please email completed form to:

Donna Jacoby
Early Childhood Associate Director
donna.jacoby@jcajax.org