



**Confidential Teacher Recommendation Form  
For Pre-Kindergarten & Kindergarten Applicants**

Please comment on each of the following regarding this child.

What 3 (three) adjectives come quickly to mind when you think of this child?

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Describe this child's ability to interact with other children, cooperate, respect the rights of others, share and take responsibility for his/her own actions.

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To your knowledge, are the parents/guardians in agreement with your view of the student?  Yes  No  I do not know

How would you describe the parent/guardian involvement in school events and/or activities?

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Please describe this student's attendance/tardiness record. \_\_\_\_\_

How would you describe this student's expressive and receptive language skills?

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Please share any additional comments or other information you believe might be helpful. (Other specific strengths and weaknesses)

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May we contact you for further information?  Yes  No

TEACHER'S NAME \_\_\_\_\_ TEACHING POSITION \_\_\_\_\_

SCHOOL NAME & ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Thank you for taking the time to complete this evaluation.  
Please return it to the school via email to [admissions@cpsphilly.org](mailto:admissions@cpsphilly.org)**

Community Partnership School  
3033 West Glenwood Avenue  
Philadelphia, Pennsylvania 19121  
Phone: (215) 235-0461  
[admissions@cpsphilly.org](mailto:admissions@cpsphilly.org)



**Confidential Teacher Recommendation Form  
For Prospective Pre-Kindergarten & Kindergarten Students**

**This form should be signed by the parents and/or guardians and given to the student's current school.**

I/We understand that I/we may not look at this evaluation once completed and assure the evaluator and the school that I/we will not try to do so. I/We give permission for the evaluator to release the information on this form to the schools, to which we are applying for admission. I/We understand that as parent(s)/guardian(s) I/we will not have access to this confidential information and that it will not become part of my/our child's permanent record.

First Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Student \_\_\_\_\_ Entering grade \_\_\_\_\_

**To the Current Teacher:** Please complete both sides of this form and return via email to [admissions@cpsphilly.org](mailto:admissions@cpsphilly.org) Community Partnership School. Failure to complete this form in a timely manner may jeopardize a prospective student's likelihood of gaining admission. Your comments will be held in the strictest confidence. We value your cooperation and assistance.

How long have you known this applicant? \_\_\_\_\_

In what capacity do you know this applicant? \_\_\_\_\_

<u>Social/Emotional Development</u>	<u>Exceeds age expectations</u>	<u>Age appropriate</u>	<u>Needs development</u>	<u>No basis for judgment</u>
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the potential to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on social/emotional development	_____			
<b><u>Physical Development</u></b>				
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencil Grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on physical development	_____			
<b><u>Pre-Academic Skill Development</u></b>				
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one task/activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on pre-academic skill development	_____			