



**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?

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.

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?

Please describe this student's attendance/tardiness record. _____

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

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

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 postal mail or fax using the contact information below.

Community Partnership School
3033 West Glenwood Avenue
Philadelphia, Pennsylvania 19121
Phone: (215) 235-0461
t.thomas@communitypartnershipschool.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 promptly to 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	_____			
<u>Physical Development</u>				
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	_____			
<u>Pre-Academic Skill Development</u>				
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	_____			