



**PRESCHOOL THROUGH KINDERGARTEN  
CONFIDENTIAL RECOMMENDATION**

**TO THE PARENT/GUARDIAN**

Please complete the following information before giving it to your child's Preschool/PreK Teacher or Director. **Provide the recommender a list of schools and email addresses to which to send this form or instructions on how to upload this recommendation to each school's online application system.**

Name of Student \_\_\_\_\_ Applicant for \_\_\_\_\_ in September 2022

Current Preschool/School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For the student name above, I waive my rights to read this Confidential Recommendation.

Parent/Guardian Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE PRESCHOOL/PREK TEACHER/DIRECTOR**

A consortium of schools has developed this form to better allow an open exchange of information about the student whose name appears above. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We greatly appreciate your time and effort to complete and return this form. Your insights and observations are important to all of us. Please know that the professional comments you share will be held in strictest confidence and we thank you in advance for your assistance and cooperation.

Please complete this form **after December 1, 2021, but no later than January 14, 2022.** To protect the integrity of this recommendation, be sure to save this form as a PDF before submitting to schools.

Name of Teacher \_\_\_\_\_ Signature \_\_\_\_\_

Title or Position \_\_\_\_\_ Today's date \_\_\_\_\_

Email address \_\_\_\_\_ Phone number \_\_\_\_\_

First date of child's enrollment in your school \_\_\_\_\_ How long have you known this child? \_\_\_\_\_

Do you feel that this child will be ready for a full-time program this fall? Yes No

Transitional kindergarten/Developmental kindergarten? Yes No N/A

Kindergarten program? Yes No N/A

Days and times this child attends school (ex. M-F, 9am - 3:30pm, in-person)

\_\_\_\_\_

**Check here if you would like us to call you to discuss this student in greater detail.**  
Your judgments are used solely for the admissions process and are held in strictest confidence.

<b>Social and Emotional Development</b>	<b>Consistently</b>	<b>Usually</b>	<b>With Minimal Support</b>	<b>Requires Teacher Support</b>
Self-regulates				
Transitions easily				
Works cooperatively with peers				
Works cooperatively with teachers				
Separates from parents/guardians/caregivers				
Able to identify feelings				
Shows empathy				
Tolerates frustration				
Ability to bounce back from set-backs (resilience)				
Exhibits self-control				
Understands and takes responsibility for one's actions				
Is able to be reflective/engages in conflict resolution				
Can understand and solve problems				
Ability to lead				
Ability to follow				
Sense of humor				
Shows kindness to others				
Has healthy peer relations				
Able to consider other perspectives/points of view				
Is open to new ideas/adapts/integrates/builds on				
Takes appropriate risks				
Functions independently (toileting, washing hands, accessing lunch, eating, cleanup)				

Comments (optional) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Physical Development</b>	<b>Consistently</b>	<b>Usually</b>	<b>With Minimal Support</b>	<b>Requires Teacher Support</b>
Fine motor control				
Gross motor control				
Balance and coordination				
Hand/Eye coordination				
Has spatial awareness? (Self)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has spatial awareness? (In relation to others)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Handedness established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Left	<input type="checkbox"/> Right

<b>Cognitive Development</b>	<b>Consistently</b>	<b>Usually</b>	<b>With Minimal Support</b>	<b>Requires Teacher Support</b>
Able to stay on topic				
Articulates clearly				
Expresses ideas and feelings orally				
Sustains attention in small groups				
Sustains attention in large groups				
Follows multi-step directions				
Shows effort and doesn't give up				
Uses materials appropriately				
Grasps concepts presented				
Recalls details				
Recognizes numbers and letters				
Forms letters and numbers				
Open to trying new things				
Flexible thinking				

Comments (optional) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We understand that children develop in different ways. In thinking about this child at this moment, please describe this child in three words \_\_\_\_\_

and / or please feel free to check adjectives from the list below:

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Fun           | <input type="checkbox"/> Talkative    | <input type="checkbox"/> Firm          | <input type="checkbox"/> Reserved            |
| <input type="checkbox"/> Agreeable     | <input type="checkbox"/> Outgoing     | <input type="checkbox"/> Extroverted   | <input type="checkbox"/> Curious             |
| <input type="checkbox"/> Persistent    | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Introverted   | <input type="checkbox"/> Center of attention |
| <input type="checkbox"/> Adaptable     | <input type="checkbox"/> Polite       | <input type="checkbox"/> Even-tempered | <input type="checkbox"/> Attentive           |
| <input type="checkbox"/> Cautious      | <input type="checkbox"/> Quiet        | <input type="checkbox"/> Joyful        | <input type="checkbox"/> Affectionate        |
| <input type="checkbox"/> Sophisticated | <input type="checkbox"/> Timid        | <input type="checkbox"/> High energy   | <input type="checkbox"/> Low energy          |

<b>Family Information</b>	<b>Consistently</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>N/A</b>
Have reasonable expectations of the school					
Have reasonable expectations of their child					
Follows the rules and policies of the school					
Cooperates with teachers					
Cooperates with administration					
Participates in school activities					
Is well regarded by other parents in the community					
Have healthy boundaries					
Meets financial obligation in a timely matter					

Comments (optional) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To the best of your ability, please describe the family's parenting style \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COVID-19 Addendum**

Due to COVID-19 and current circumstances, what is different about your program that would be helpful for us to know?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Learning Environment Information**

- Preschool       Public School       Homeschool one-on-one       Homeschool group learning

Please describe in more detail the learning environment for your student(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Teacher/Student ratio in class: \_\_\_\_\_

Remote learning hours per week: \_\_\_\_\_

In-person hours per week: \_\_\_\_\_

Extra Curricular Offerings: \_\_\_\_\_