

Confidential Teacher Recommendation Form for Kindergarten



- The Academy • Archway School • Aurora School • Beacon Day School • Bentley School • The Berkeley School • Berkwood Hedge School
 Black Pine Circle School • Contra Costa Jewish Day School • Crestmont School • The Crowden School • The Dorris-Eaton School
 East Bay Waldorf School • Ecole Bilingue de Berkeley • Escuela Bilingue Internacional • German International School — East Bay Campus
 Growing Light Montessori • Head-Royce School • Julia Morgan School for Girls • Mills College Children's School • Montessori Family School
 Northern Light School • Oakland Hebrew Day School • Pacific Boychoir Academy • Park Day School • Principled Academy
 Prospect Sierra School • Raskob Day School • Redwood Day School • The Renaissance School • Rising Star Montessori • Saklan Valley School
 Seven Hills School • Shu Ren International School • St. Paul's Episcopal School • Tehiyah Day School • Walden Center and School • Windrush School

To the parent/guardian: Please submit this form to a teacher or director of the preschool your child currently attends.

I/we understand that we may not look at this evaluation and assure the person completing this form and the school that we will not try to do so. We give permission for the preschool to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent school record.

First parent/guardian signature _____ Date _____
 Second parent/guardian signature _____ Date _____

NAME OF STUDENT _____ APPLYING FOR KINDERGARTEN.

To the person completing this form: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your assistance and cooperation.

MARK ALL THAT MOST CONSISTENTLY DESCRIBE THIS CHILD:

<input type="checkbox"/> Enjoys large motor activities	<input type="checkbox"/> Patient
<input type="checkbox"/> Enjoys small motor activities	<input type="checkbox"/> Defiant
<input type="checkbox"/> Positive member of the classroom	<input type="checkbox"/> Positive interaction with peers
<input type="checkbox"/> Responsive to classroom limits	<input type="checkbox"/> Positive relationships with adults/teachers
<input type="checkbox"/> Responsive to teacher directions	<input type="checkbox"/> Aware of others' needs
<input type="checkbox"/> "Goes with the flow"	<input type="checkbox"/> Easily frustrated
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Physically hurtful when frustrated
<input type="checkbox"/> Resilient	<input type="checkbox"/> Enthusiastic about learning
<input type="checkbox"/> Short tempered	<input type="checkbox"/> Can't sit still
<input type="checkbox"/> Confident	<input type="checkbox"/> Hits or bites
<input type="checkbox"/> Observer	<input type="checkbox"/> Slow to warm up

What other words come to mind to describe this child?

SOCIAL/EMOTIONAL DEVELOPMENT:

	ALWAYS	OFTEN	SOMETIMES	NEVER
Works and plays cooperatively				
Enters group activities appropriately				
Cries when frustrated				
Chooses to be alone				
Tends to lead				
Tends to follow				
Uses words to resolve conflict				
Is able to be redirected by teacher				
Accepts responsibility for behavior				
Is able to solve problems without adult help				

Please add additional information from your observations & interactions with this child:

APPROACH TO LEARNING:

	ALWAYS	OFTEN	SOMETIMES	NEVER
Tries new activities of own choice				
Needs help to be on task with own choice				
Tries new activities that are teacher-directed				
Needs teacher support to stay on task				
Makes transitions easily				
Follows classroom routines				

Comments:

LANGUAGE DEVELOPMENT:

	ALWAYS	OFTEN	SOMETIMES	NEVER
Understands and follows oral directions				
Is able to communicate ideas, feelings, and needs				
Speech is intelligible				

Comments:

OTHER:

	ALWAYS	OFTEN	SOMETIMES	NEVER
Responsible for personal belongings (coat, lunchbox)				
Toilets independently				
Is willing to participate in room clean-up				
Separates easily from parent(s) at drop-off				
Parent(s) set limits with child				
Child responds to limits of parent(s)				
Parent(s) respectful of teacher(s) & school				
Parent(s) responsive to teacher feedback				
Parent(s) contribute to preschool & classroom				
Parent(s) support classroom systems & expectations (i.e., arriving on time, follow thru with school requests, pick-up on time)				
Parent(s) agree with your view of the child				

Comments:

Have you made, or do you plan to make, any recommendations for professional support or assessment?
Please comment and/or state reasons for any referrals.

 Yes No

Is English the child's primary language spoken at home? If not, what language is primary?

 Yes No

Is there additional information that can be better conveyed in a phone conversation?

 Yes No

I can best be reached during these hours: _____ at the phone number below:

ADDITIONAL COMMENTS AND/OR ANY SPECIFIC AREAS OF CONCERN:

All EBISA schools will abide by the confidentiality of this Recommendation Form.

Signature		School
Your Name (please print)		Full School address with zip code
Position		
Date	Phone	When did you teach the student? From _____ to _____

Additional copies of this form are available online at www.ebisaca.org.