

Name of Applicant: _____ Applying for Grade: _____

Name of school completing recommendation: _____

Teacher - Please be sure to download this form to your desktop prior to filling in electronically. Please save after completion and upload to email request. As an alternative, this form may be printed, completed by hand, scanned and uploaded to email request. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. You may wish to retain the original copy for your files to send to additional schools. The student's application cannot be processed until the form is received in the Admissions Office. Deadlines are determined by individual schools.

Please place an "x" in the appropriate box below and comment. Thank you.

| Social Skills Ratings | Exceeds Expectations | Area of Strength | Age Appropriate | Progressing | Area of Concern | Please Comment |
|--|----------------------|------------------|-----------------|-------------|-----------------|----------------|
| Self-esteem | | | | | | |
| Acceptance of Limits | | | | | | |
| Self-motivation | | | | | | |
| Ability to work independently | | | | | | |
| Interaction with peers | | | | | | |
| Interaction with teachers | | | | | | |
| Uses words to express feelings | | | | | | |
| Internalization of classroom routine | | | | | | |
| Separation from parents/caregivers | | | | | | |
| Ability to share and work cooperatively | | | | | | |
| Ability to wait turn | | | | | | |
| Respect for property (personal and others) | | | | | | |
| Accepts responsibility for actions | | | | | | |
| Sense of humor | | | | | | |
| Curiosity/imagination | | | | | | |
| Attention span: self-chosen activity | | | | | | |
| Attention span: assigned activity | | | | | | |
| Cooperative attitude | | | | | | |
| Leadership skills | | | | | | |
| Makes transitions easily | | | | | | |
| Ability to focus in large group | | | | | | |
| Ability to focus in small group | | | | | | |
| Responds to redirection | | | | | | |

Usually chooses to work in: large group small group alone
 Usually takes role of: leader follower varies
 Hand dominance: right left not yet established

| Physical Development Ratings | Area of Strength | Age Appropriate | Progressing | Area of Concern | Please Comment |
|---|------------------|-----------------|-------------|-----------------|----------------|
| Fine motor coordination | | | | | |
| Draws with details | | | | | |
| Uses appropriate pencil grip | | | | | |
| Gross motor coordination | | | | | |
| Body/space awareness | | | | | |
| Balance, gait, fluidity, smoothness of movement | | | | | |
| Participate in physical group activity | | | | | |

**HAIS Common Teacher Recommendation
Early Childhood through Kindergarten (Page 2)**

Name of Applicant: _____

Applying for Grade: _____

Please describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern?

Please note any physical, visual and/or auditory strengths or weaknesses:

Select the words below that best describe this applicant:

Aggressive
Articulate
Cheerful
Confident

Courteous
Curious
Detached
Determined

Easily-frustrated
Flexible
Good-natured
Impulsive

Independent
Inquisitive
Oppositional
Over-protected

Respectful
Self-regulated
Serious
Spirited

Please add any additional information that would provide a more complete picture of the student and family:

Applicant is habitually tardy or late: Yes No If yes, please explain below:

This applicant is:

Strongly Recommended

Recommended

Recommended with Reservation

Not Recommended

I would: like to be willing to discuss this applicant by telephone.

Teacher Verification

| | |
|--------------------|-----------------|
| Teacher Signature: | Date: |
| Print Name: | School Address: |
| Teacher Email: | |
| Home Phone: | Telephone: |

Submit to: admission@kinkaid.org