

Confidential Teacher Recommendation

Kindergarten & First Grade

To: Parent/Guardian

Please complete the information below and give this form to your child's current or previous school teacher, school director, daycare provider, or Sabbath/Sunday School teacher.

Applicant's Name:

Applying for Grade:

School Year:

I acknowledge that I waive my right to the confidential teacher recommendation for the student listed above.

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

To: Teacher/Director

We appreciate your cooperation in completing this form. Your observations and honest assessment will help us determine the applicant's abilities and needs for admission purposes. This recommendation is reviewed with the awareness that children continually develop and change as they grow. All information you provide will be kept confidential.

I have known this candidate for (years/months)

My relationship has been that of

Date:

Please place a check mark in the column that best describes the child.

Social Development	Usually	Sometimes	Seldom	<u>Comments</u>
Can be a friend				
Is supportive of peers				
Is comfortable with adults				
Plays well independently				
Works well independently				
Cooperates in classroom activities				
Cooperates in play				
Shares well				
Initiates play activities				
Is imaginative				
Has capacity to lead				
Has capacity to follow				
Uses materials purposefully				

Physical Development **Outstanding** **Age** **Needs** **Comments**
Appropriate Development

Small muscle control and coordination			
Large muscle control			
Speech development (articulation)			

Pre-Academic Skill Development **Usually** **Sometimes** **Seldom** **Comments**

Is attentive			
Listens in a group			
Contributes to class discussion			
Follows directions cooperatively			
Completes tasks			
Respects classroom routines			
Moves easily from one activity to another			
Responds positively to constructive criticism			
Is curious			
Is willing to try new activities			
Is a self-starter			
Exhibits problem-solving abilities			
Expresses ideas well			
Enjoys new challenges			

Please comment briefly on each of the following regarding this child:

- 1.) Please describe the child's readiness for beginning reading skills and beginning math skills:

- 2.) From your observation, what are this child's particular strengths?

- 3.) Are there significant weaknesses or problems of which we should be aware?

- 4.) What is the parent cooperation and involvement with the school?

Would you be willing to discuss your evaluation if we have further questions? Yes No

Signature: _____ Position: _____

School: _____ Telephone: _____

Please return to: Olney Adventist Preparatory School, 4100 Olney-Laytonsville Road, Olney, MD 20832

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