



# Our Savior Lutheran School

## Teacher Recommendation Early Childhood through Kindergarten

Name of Applicant: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian: Please write your child's name in the space above, read and sign the following before giving this to your child's teacher.

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Teacher: Please complete this confidential form and return it in the enclosed envelope.**

This Teacher Recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. *The child's application cannot be processed until this form is received in the Admissions Office.*

### Social Skills

Ratings	Area of strength	Age Appropriate	Progressing	Area of Concern
Self-esteem				
Acceptance of limits				
Self-motivated				
Ability to work independently				
Interaction with peers				
Uses words to express feelings				
Internalization of classroom routine				
Separation from parents/caregivers				
Ability to share and work cooperatively				
Sense of humor				
Curiosity				
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				

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

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

\_\_\_\_\_

**Physical Development**

<i>Ratings</i>	<i>Area of strength</i>	<i>Age appropriate</i>	<i>Progressing</i>	<i>Area of concern</i>
Gross motor coordination				
Fine motor coordination				
Speech/ Articulation				
Body/space awareness				
Draws with detail				
Uses appropriate pencil grip				
Balance, gait, fluidity, smoothness of movement				
Participates in physical group activity				

Please describe any notable physical strengths or weakness: visual and/or auditory \_\_\_\_\_

Are there any aspects of the child's physical development or stamina which might limit full participation in a school's program? If so, how does the child deal with them? \_\_\_\_\_

**Circle the words that best describe this applicant**

- |            |                   |              |                |
|------------|-------------------|--------------|----------------|
| Aggressive | Courteous         | Flexible     | Over-protected |
| Articulate | Detached          | Good Natured | Respectful     |
| Cheerful   | Determined        | Impulsive    | Serious        |
| Confident  | Easily frustrated | Oppositional | Spirited       |

• This applicant is:

Highly recommended       Recommended       Recommended with reservation       Not recommended

• Is there anything regarding the family that would be helpful for us to know? \_\_\_\_\_

• If you have additional information that will be helpful to the Admissions Committee in evaluating the applicant's application, please comment. If needed, use an additional sheet of paper: \_\_\_\_\_

• To the best of your knowledge, are there any known and diagnosed learning differences? \_\_\_\_\_

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

Signature of Teacher: _____	Date: _____
Name of School: _____	Telephone: _____
School Address: _____	Home Telephone: _____