

PRESCHOOL TEACHER'S RECOMMENDATION

Student's Name _____

Student's Birthday _____ Age _____ Current Grade _____
Month Day Year

Applying to grade _____ Applying for school year _____

Circle the days child attends preschool each week: M T W Th F

Current Teacher Evaluation of Applicant:

Thank you for taking the time to provide Charlotte Jewish Day School with the following evaluation information. Your assessment of the applicant helps us determine appropriate admissions decisions. In addition, if the applicant is accepted, this will help us to meet the educational needs of this student. Accurate and candid information will help assure that the child's placement will be appropriate and successful. This information is confidential.

(Answer by placing a check on line where appropriate.)

SOCIAL DEVELOPMENT	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Is supportive of peers	_____	_____	_____	_____
Is comfortable with teachers	_____	_____	_____	_____
Plays alone happily	_____	_____	_____	_____
Cooperates in play	_____	_____	_____	_____
Shares well	_____	_____	_____	_____
Initiates play activities	_____	_____	_____	_____
Is imaginative	_____	_____	_____	_____
Demonstrates ability to lead	_____	_____	_____	_____
Demonstrates ability to follow	_____	_____	_____	_____
Uses materials purposefully	_____	_____	_____	_____
Exhibits appropriate sense of humor	_____	_____	_____	_____
Behaves appropriately:				
In class	_____	_____	_____	_____
At playtime	_____	_____	_____	_____
In lunchroom	_____	_____	_____	_____
Works independently	_____	_____	_____	_____
Demonstrates self-confidence	_____	_____	_____	_____

LANGUAGE DEVELOPMENT

SUPERIOR

ABOVE AVERAGE

AVERAGE

BELOW AVERAGE

Uses appropriate syntax

Pronounces words clearly

Learns new vocabulary

Follows simple directions

Understands questions - clarification

Expresses wants and desires

Demonstrates ability to rhyme words

Interested in storytelling/stories

Retrieves words with ease

SKILLS DEVELOPMENT

SUPERIOR

ABOVE AVERAGE

AVERAGE

BELOW AVERAGE

Is attentive

Listens during group time

Contributes to group discussions

Follows directions

Works cooperatively

Completes tasks

Demonstrates ability to focus
on one task

Respects classroom routines

Moves easily from one activity
to another

Responds appropriately to guidance

Is curious

Is willing to try new activities

Is a self-starter

Enjoys new challenges

Exhibits problem solving abilities

Expresses ideas well

Sequences events

PHYSICAL DEVELOPMENT

OUTSTANDING

AGE APPROPRIATE

NEEDS DEVELOPMENT

Small muscle control and coordination _____

Large muscle control and coordination _____

Speech development (articulation) _____

Has the student been referred to a school counselor or to an outside professional for:

(Circle answer.)

Academic difficulties Yes No

Emotional issues Yes No

Social challenges Yes No

Behavioral difficulties Yes No

Is distracted easily Yes No

Exhibits impulsivity Yes No

Is easily frustrated Yes No

COMMENTS:

Has the student demonstrated any of the behaviors or challenges listed below?

Answer by writing U (usually) S (sometimes) R (rarely) N (Never).

- | | |
|---|--|
| _____ 1. Clumsiness | _____ 10. Difficulty with basic concepts such as size, shape, color |
| _____ 2. Poor balance | _____ 11. Unusual restlessness (hyperactivity) |
| _____ 3. Difficulty manipulating small objects | _____ 12. Difficulty staying on task |
| _____ 4. Awkwardness with running, jumping, or climbing | _____ 13. Difficulty changing activities |
| _____ 5. Trouble learning to tie shoes, button shirts, or performing other self-help activities | _____ 14. Constant repetition of an idea, inability to move on to a new idea |
| _____ 6. Avoidance of drawing or tracing | _____ 15. Prone to sudden and extreme mood changes |
| _____ 7. Trouble remembering the alphabet or days of the week | _____ 16. Hard to manage, has temper tantrums |
| _____ 8. Poor memory for what should be routine (everyday) procedures | _____ 17. Separation anxiety |
| _____ 9. Difficulty with cause and effect, sequencing, and counting | |

Please comment on the family as a cooperative, supportive partner in your educational program.

Please give your professional opinion regarding this student's likelihood of being successful in a highly challenging academic program.

Do you have any questions or reservations about this child you would like to discuss with us?

Teacher's Name _____

School _____

Address _____

Phone _____ Date _____

May we contact you if we require more information about the applicant's educational needs? _____

Thank you for providing this information. Please mail form to:
Admissions Office, Charlotte Jewish Day School, 5007 Providence Rd., Suite 110, Charlotte, NC 28226,
Phone 704-366-4558, Fax 704-364-0443