

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

_____ 2. Poor balance

_____ 3. Difficulty manipulating small objects

_____ 4. Awkwardness with running, jumping, or climbing

_____ 5. Trouble learning to tie shoes, button shirts, or
performing other self-help activities

_____ 6. Avoidance of drawing or tracing

_____ 7. Trouble remembering the alphabet or
days of the week_____ 8. Poor memory for what should be routine
(everyday) procedures_____ 9. Difficulty with cause and effect, sequencing,
and counting_____ 10. Difficulty with basic concepts such as size,
shape, color

_____ 11. Unusual restlessness (hyperactivity)

_____ 12. Difficulty staying on task

_____ 13. Difficulty changing activities

_____ 14. Constant repetition of an idea, inability to
move on to a new idea

_____ 15. Prone to sudden and extreme mood changes

_____ 16. Hard to manage, has temper tantrums

_____ 17. Separation anxiety

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? _____