



Current Preschool Teacher Recommendation

To Parents:

Please print your child's name and give this form to your child's current teacher who will complete it and return it via email directly to the Admissions Office.

Child's name: _____

Our signatures below indicate that we understand that this confidential recommendation is a required and important part of our child's admission application and we will not have access to it.

Parent/Guardian 1 Name (print): _____ Signature: _____ Date: _____

Parent/Guardian 2 Name (print): _____ Signature: _____ Date: _____

To the Teacher:

Please complete this form and return it to the admissions office. Please retain a copy of your complete recommendation for your files. Please email the completed form to admissions@sdja.com. This recommendation will remain confidential and will not become part of the student's permanent record. We sincerely appreciate your cooperation.

AA - AGE APPROPRIATE

I - IMMATURE

C - AREA OF CONCERN

SOCIAL AND EMOTIONAL DEVELOPMENT

(Please check where appropriate)

	AA	I	C	COMMENTS
Relates positively to adults				
Relates positively to children				
Works and plays cooperatively				
Is attentive/participates in group				
Listens and follows directions				
Completes tasks				
Is self-sufficient				
Respects property and materials				
Tolerates change				
Accepts responsibility				
Displays self-confidence				

COGNITIVE SKILLS

(Please check where appropriate)

	CHECK	COMMENTS
Recognizes numbers (1-10)		
Counts objects (1:1 correspondence through 10)		
Demonstrates good thinking skills		
Recognizes letter names of alphabet		
Auditory discrimination of symbols with sound		
Visual discrimination of symbols		
Uses phonics		
Uses sight vocabulary		
Understands spatial relationships (above, below, beside, inside)		

Comprehends relative values (heavy-light, far-near)		
Recognizes colors		
Recognizes basic shapes (circle, square, triangle, rectangle)		
Knows personal data (name, age, birthday, etc.)		

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ADDITIONAL CHARACTERISTICS (Please check where appropriate)

	AA	I	C	COMMENTS
Hand dominance (right/left)				
Eye-hand coordination				
Gross-motor coordination				
Fine-motor coordination				
Clarity of speech				
Oral language development				

Has this child had any school adjustment problems that might reoccur in the transition to a new school environment?

Does this child have any particular problems at home that would interfere with his/her adjustment socially, emotionally or academically to a new school?

Is there any information about this child that will help us to ease the transition?

Based on your professional opinion, is this student ready for kindergarten? Yes No If no, what concerns do you have?

Is there any additional information that can be better conveyed in a phone conversation? Yes No

Hours you are available: _____ to _____ AM/PM Phone: (____) _____

Teacher's name: _____ Email address: _____

School: _____ School Phone: _____

School address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please send this recommendation via Email to admissions@sdja.com