

TEACHER RECOMMENDATION FORM KINDERGARTEN

CHILD'S NAME: _____

TO THE PARENTS: Please give this form to your child's teacher.

TO THE DIRECTOR: Please provide the following information:

The parents of the above mentioned child:

- ___ have made all tuition and other payments in a timely manner.
- ___ have an outstanding debt with the school.
- ___ This is not applicable to this applicant's family.

Director's Signature: _____ Date _____

TO THE TEACHER: The child whose name appears above is a candidate for admission to Pasadena Christian School. We appreciate your cooperation in completing this form. ***It is very important that you complete both sides,*** and that your comments be as thorough as possible. Your evaluation provides a way for us to know that child better, and is reviewed with the full awareness that children are constantly changing and developing.

THIS IS A CONFIDENTIAL FORM. WHEN COMPLETED, PLEASE MAIL OR FAX TO:

Pasadena Christian School
1515 N. Los Robles
Pasadena, CA 91104
PHONE-(626) 791-1214 FAX-(626) 791-1256

SKILL DEVELOPMENT	SELDOM	SOMETIMES	USUALLY	CONSISTENTLY
Is attentive				
Follows directions				
Is able to stay focused for 15-20 minute periods				
Is willing to try new activities				
Cares for classroom materials				
Expresses ideas well				

PHYSICAL DEVELOPMENT	NOT YET DEVELOPED	DEVELOPING	AGE APPROPRIATE	ABOVE AVERAGE
Fine-motor control and coordination				
Gross-motor control and coordination				
Speech development (Articulation)				
General health				

SOCIAL DEVELOPMENT	SELDOM	SOMETIMES	USUALLY	CONSISTENTLY
Respects authority				
Interacts positively with peers				
Works and plays cooperatively				
Exercises self-control				
Shares well				
Initiates play activity				
Enjoys playing alone				
Exhibits a sense of humor				
Is imaginative				
Is a leader				
Is a follower				

Please comment on this child's special strengths, interests and/or special needs:

Parents are supportive regarding:

Discipline

Seldom: _____
 Sometimes: _____
 Usually: _____
 Consistently: _____

Rating Choice/Recommendation

____ Highly Recommend ____ Recommend ____ Recommend with caution ____ Do not recommend

Length of time I have known this student: _____

 (Teacher Name) (Position)

 (School Name)

 (Address) (City) (State) (Zip)

 (Telephone with area code) (Date)

Thank you for your assistance. Please feel free to call us with questions, concerns, or additional information. (626) 791-1214 *Please keep a copy of this document for your files.*