

## TEACHER'S RECOMMENDATION FORM

### KINDERGARTEN & FIRST GRADE

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_

Class \_\_\_\_\_ Teacher \_\_\_\_\_

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

Your observations are an invaluable guide in determining the best placement for this child. This information is confidential and privileged. It is intended for Admission Office use only and will not be part of the student's permanent record. Your candid responses to the following questions will be appreciated. Thank you so much for your help.

### PART 1

*Please check the response most appropriate for this child.*

#### A. Attention Span

- Focuses and maintains attention over time
- Attends with occasional teacher redirection
- Easily distracted by noise or movement of others and requires frequent teacher redirection

#### B. Task Persistence

- Persists and completes tasks independently
- Attempts task with some encouragement
- Attempts task after much encouragement
- Refuses to attempt/complete task

#### C. Degree of Independence

- Able to work on most tasks independently
- Requires occasional assistance to complete task
- Requires frequent assistance to complete task
- Needs constant supervision/guidance to complete task

#### D. Attention to Directions in Teacher-Directed Activities

- Listens carefully to entire directions
- Attends only to brief directions
- Plunges ahead after hearing only a portion of directions

#### E. Comprehension of Directions in Teacher-Directed Activities

- Rapid comprehension of most directions given age expectations
- Understands after several repetitions
- After several repetitions, understands only partial directions
- Does not appear to comprehend most directions

#### F. Verbalization

- Communicates ideas clearly
- Has difficulty expressing wants/needs
- Speech has sound substitutions
- Verbal interactions are inappropriate to age/situation

#### G. Body Movements at Listening Times

- Sits quietly
- Some squirming
- Much movement
- Out of seat; body constantly in motion

#### H. Peer Relationships

- Works and/or plays well with others
- Friendly, but reserved
- Has difficulty interacting with peers

#### I. Confidence

- Very sure of self
- Confident with things known; attempts new things with encouragement
- Reluctant to try new or difficult things
- Very uncertain; needs much encouragement

{over}

## PART 2

1. Please comment on the individual strengths of this student.
2. Are there activities that appear difficult for this child?
3. Please comment on this child's emotional and social maturity.
4. Please comment on the likelihood of this child being successful in a challenging academic program.
5. Has this family been a supportive partner in reaching this child's goals this year?
6. Do you have any questions or reservations about this child you would like to discuss with us?

## PART 3

*Please complete the following chart by checking the most appropriate column for the indicated behavior.*

	Usually	Occasionally	Rarely
Exhibits self-control			
Respectful			
Cooperative			
Considerate			

Signature of reference \_\_\_\_\_ Date \_\_\_\_\_

*This form has been developed and approved for use by the following schools. Please complete and mail a copy of this to the School circled below:*

**Admission Office of:  
Trinity Episcopal School**  
750 E. 9th Street  
Charlotte, NC 28202-3102  
704. 358. 8101

**Charlotte Christian School**  
7301 Sardis Road  
Charlotte, NC 28270  
704. 366. 5657

**Charlotte Country Day School**  
1440 Carmel Road  
Charlotte, NC 28226  
704. 943. 4530

**Charlotte Latin School**  
9502 Providence Road  
Charlotte, NC 28277  
704. 846. 7207

**Providence Day School**  
5800 Sardis Road  
Charlotte, NC 28270  
704. 887. 7040

**Charlotte Preparatory School**  
212 Boyce Road  
Charlotte, NC 28211  
704. 887. 7040