

# Teacher Recommendation

Return by February 1

For Kindergarten Applicants

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Present School \_\_\_\_\_ School Phone \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Teacher's Email \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Our Admission Committee finds candid evaluations quite helpful and appreciates your cooperation in giving as full an appraisal as possible for this student. All information provided will be held in absolute confidence and students, parents, and guardians will not have access to such information. This will remain confidential and not become part of the student's permanent academic record.

*Please check the appropriate response*

<b>Emotional Maturity</b>	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>
Plays happily with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well and takes turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates from parents easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses negative feelings appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts re-directions well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility for one's behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please check the appropriate response*

<b>Language</b>	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>
Speaks clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes auditory information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please check the appropriate response*

<b>Skills</b>	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes appropriately during group time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can sit for an appropriate amount of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks in allotted time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes basic shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes basic colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Teacher Recommendation - For kindergarten (cont)

Any other noteworthy skills the student demonstrates \_\_\_\_\_  
\_\_\_\_\_

*Please check the appropriate response*

Physical	Excellent	Good	Fair	Poor	N/A
Fine muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye/hand coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handedness	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Undetermined		

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please check the items that describe this child:

- |                                       |   |                                     |  |
|---------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Agreeable    | <input type="checkbox"/> Aggressive     | <input type="checkbox"/> Angry      | <input type="checkbox"/> Assertive     |
| <input type="checkbox"/> Compulsive   | <input type="checkbox"/> Cooperative    | <input type="checkbox"/> Demanding  | <input type="checkbox"/> Distractible  |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Even-tempered  | <input type="checkbox"/> Expressive | <input type="checkbox"/> Impulsive     |
| <input type="checkbox"/> Nervous      | <input type="checkbox"/> Noticeably shy | <input type="checkbox"/> Outgoing   | <input type="checkbox"/> Overly active |
| <input type="checkbox"/> Quiet        | <input type="checkbox"/> Sullen         | <input type="checkbox"/> Talkative  | <input type="checkbox"/> Well-mannered |
| <input type="checkbox"/> Withdrawn    |   |                                     |  |

*Please check the appropriate response*

Parents	Always	Usually	Sometimes	Never
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have reasonable expectations of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow through with school's suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent with discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a realistic picture of child's abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genuinely interested in child's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments about parents: \_\_\_\_\_  
\_\_\_\_\_

**Overall placement recommendation:**

- Ready for kindergarten       Would benefit from another year of preschool
- I would like to further discuss this student by phone. Please call me at \_\_\_\_\_. The best time to call is \_\_\_\_\_.

*We truly appreciate the time you have invested in this student's application. Your comments are valued.*

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

THE OAK HILL SCHOOL

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