

KINDERGARTEN THROUGH FIRST GRADE



TEACHER RECOMMENDATION FORM

Applicant Name _____ Last _____ First _____ Middle _____ Age _____

School _____ Class _____ Teacher _____

School Address _____

Circle the program and the number of days child attends: ½ Day Program or Full Day Program 1 2 3 4 5/weekly

Your observations are an invaluable guide in determining the best placement for this child. This information is confidential and privileged. Your candid responses to the following questions are appreciated. Thank you for your help.

PART I 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
- Requires frequent teacher redirection

B. TASK PERSISTENCE

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

C. DEGREE OF INDEPENDENCE

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

D. PEER RELATIONSHIPS

- Work and /or plays well with others
- Friendly but reserved
- Has difficulty with peers

E. ATTENTION TO DIRECTIONS IN TEACHER-DIRECTED ACTIVITIES

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

F. COMPREHENSION OF DIRECTIONS IN TEACHER-DIRECTED ACTIVITIES

- Rapid comprehension of most directions, given age expectations
- Understands after several repetitions
- Understands only partial directions after several repetitions

G. VERBALIZATION

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

H. BODY MOVEMENT AT LISTENING TIMES

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

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

PART II

1. Please comment on the individual strengths of this student.
2. Are there activities that appear difficult for this child? Please explain.
3. Please comment on this child's emotional and social maturity.
4. Has this family been a supportive partner in reaching this child's goals this year?
5. I would recommend this student for admission to Grace Christian Academy's program (please check one for each below)

	Strongly Recommend	Recommend	Recommend with Reservation	Not at this time
For academic promise	_____	_____	_____	_____
For character and personal promise	_____	_____	_____	_____

6. Do you have any comments or reservations about this child you feel warrant a discussion with us? Yes No
If yes, please give us a phone number where we may contact you. _____

PART III

Please check the most appropriate column below for the indicated behaviors.

	Usually	Occasionally	Rarely
Exhibits self-control in classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate in work and play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher's Name _____

Date _____

Title/Position _____

Phone _____

If you do not wish to complete this form, may we contact you by phone using the above telephone number? _____

Thank you for your assistance in providing us with information.

Please return this form to:
Grace Christian Academy
Admissions Office
5914 Beaver Ridge Road
Knoxville, Tennessee 37931
or fax to
865.531.2574