



# Confidential Teacher Recommendation Form

## Pre-Kindergarten, Kindergarten & Grade 1

Student Name: \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Current School: \_\_\_\_\_

I hereby authorize the above-named person to provide an evaluation and all relevant information to Little Flower School for purposes of my or my child's application to attend the school. I understand that the information furnished by the reference named below is confidential and will become the property of Little Flower School. Furthermore, I waive all rights to examine the responses given.

**Signature of Parent or Guardian** \_\_\_\_\_

**Teachers** - Thank you for your time and care in completing this recommendation. Your observations are held in complete confidence and will not become a part of the student's permanent record. We appreciate your candid assessment of the applicant's abilities. Please return the completed form **directly to Little Flower School** (5601 Massachusetts Ave, Bethesda, MD 20816 ) by mail or by email (admissions@lfschool.org) by **February 1<sup>st</sup>**.

EMOTIONAL DEVELOPMENT	Above average ability	Age appropriate	Emerging skill	Area of Concern	Comments
Works and plays cooperatively					
Enters group activities appropriately					
Engages with peers					
Shows empathy and caring for others					
Shares willingly with other children					
Practices self-control					
Ability to resolve conflicts appropriately					
Manages emotions					
Ability to cope with frustrations					
Attempts to solve problems					
Is self-confident					
Makes transitions easily					
Separates easily from parent(s)					
Interacts comfortably with adults					
Interacts comfortably with peers					
APPROACH TO LEARNING					
Listens and follow directions					
Responsive to classroom limits					
Is willing to try new activities					
Follows classroom routines					
Needs teacher support to stay on task					
Participates in group activity					
Is capable of some independent activity					
Performs fine motor activities					
Enjoys large motor activities					
Uses equipment and materials properly					
LANGUAGE DEVELOPMENT					
Understands and follows oral directions					
Expresses feelings appropriately with words					
Speech is understandable to a stranger					

OTHER					
Ability to dress self					
Responsible for personal belongings					
Ability to handle toileting needs without assistance					
	Exceptional	Appropriate	Occasional	Rare	Comments
Parent(s) responsive to teacher feedback					
Parent(s) contribute to school & classroom					
Parent(s) support classroom systems & expectations (i.e., arriving/picking up on time, follow through with school requests)					

Does this child appear to be mature enough socially to work and play in a group of 20 children of a similar age?  Yes  No

Usually chooses:  Large group  Small group  Alone

Usually takes the role of:  Leader  Follower  Varies

Does he/she have the readiness to begin an academic program?  Yes  No

Have you made, or do you plan to make, any recommendations for professional support or assessment?  Yes  No

Has this child required any special help to meet your social/academic requirements of your program?  Yes  No

Please elaborate on any responses as needed:

Please describe the child's development of beginning math and reading skills:

**ADDITIONAL COMMENTS AND/OR ANY SPECIFIC AREAS OF CONCERN:**

We welcome any other information which you think would be helpful. You may use a separate sheet of paper for further comments.

**Person Submitting Recommendation Name:** (please print) \_\_\_\_\_

Position: \_\_\_\_\_ School Name: \_\_\_\_\_

When did you teach this student? \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

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