

## Teacher Recommendation for applicants to Pre-Kindergarten, Kindergarten, and First Grade

**Submit to applicant's current teacher. The teacher will forward this form to the OLACS Admissions Office.**

Full Name of Student: \_\_\_\_\_ Current Grade of Student: \_\_\_\_\_

Teacher Name (print): \_\_\_\_\_ School Name: \_\_\_\_\_

I give my permission to the above-named teacher to answer the questions on this form and to send the information to Our Lady of the Assumption Catholic School. I agree to hold the school, teacher, and/or administrator named below harmless for information provided in this questionnaire. I waive any right of access to information provided on this form.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS FOR TEACHER:** Please use your professional judgment in answering the questions about the above-named student. *The information you provide will be kept strictly confidential.*

Class size: \_\_\_\_\_ Teacher/student ratio \_\_\_\_\_  full-day  half-day  Virtual Student's length of time in this school? \_\_\_\_\_

Is student's attendance/tardy record satisfactory?  Yes  No Comments: \_\_\_\_\_

Maturity age level (check one):  Young  Average  Advanced Is child potty-trained?  Yes  No

In relation to other students, how much of your personal time and attention did this applicant require?

Significantly more  More  Average  Less  Significantly less

Please describe any concerns that may affect the applicant's progress (physical, emotional, social, learning, behavioral, language barriers, etc.) \_\_\_\_\_

Is there a disparity between ability and performance?  Yes  No If yes, identify behaviors associated with disparity: \_\_\_\_\_

Has the student been tested diagnostically by any special services personnel?  Yes  No  Do not know

If yes, give results: \_\_\_\_\_

**Classroom conduct:**  Frequent disruptions  Occasional misconduct  Usually good conduct  Good conduct

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

What type of behavior management plan works best with this child? \_\_\_\_\_

**Family support:** Describe the current level of parent involvement in this student's school experience (*please explain*)

Helpful to the child? \_\_\_\_\_

In need of more involvement? \_\_\_\_\_

Overly-involved and not necessarily beneficial to the student? \_\_\_\_\_

Do the parents have a realistic picture of their child's ability?  Yes  Sometimes  No Please explain: \_\_\_\_\_

How well have the student's parents cooperated with school policies and teacher recommendations? \_\_\_\_\_

Student Name: \_\_\_\_\_

Comment on the following areas with:

**Never**      **Seldom**      **Sometimes**      **Usually**

**Student Behaviors**

Attends to and follows teachers' directives	_____	_____	_____	_____
Works independently when requested	_____	_____	_____	_____
Plays cooperatively with peers	_____	_____	_____	_____
Manages school routines and procedures	_____	_____	_____	_____
Shows generally positive attitude toward school	_____	_____	_____	_____
Able to cope with stress (frustration)	_____	_____	_____	_____
Able to wait his/her turn	_____	_____	_____	_____
Exhibits self-control	_____	_____	_____	_____
Tries hard	_____	_____	_____	_____
Shares willingly	_____	_____	_____	_____
Can be part of group activity <i>without</i> adult assistance	_____	_____	_____	_____
Separates easily from parents/caregivers	_____	_____	_____	_____

**Academic Readiness**

Developing age-appropriate fine motor skills	_____	_____	_____	_____
Demonstrates spatial and quantitative awareness	_____	_____	_____	_____

**Language Development**

Receptive: Understands spoken directions and lessons	_____	_____	_____	_____
Expressive: Uses age-appropriate vocabulary, grammar and syntax	_____	_____	_____	_____

**FIRST Grade Applicants ONLY**

Recognizes and identifies letters	_____	_____	_____	_____
Developing phonetic skills as needed for decoding and encoding	_____	_____	_____	_____
Acquiring sight vocabulary in reading	_____	_____	_____	_____
Progressing appropriately in writing letters and numbers	_____	_____	_____	_____

***Please attach a copy of student's most recent progress report/developmental skills checklist, if available.***

**I recommend this student to Our Lady of the Assumption School for:**

- |                            |                                     |   |  |   |
|----------------------------|-------------------------------------|---|--|---|
| Academic Ability & Promise | <input type="checkbox"/> Not at all | <input type="checkbox"/> With reservation | <input type="checkbox"/> With confidence | <input type="checkbox"/> Enthusiastically |
| Overall                    | <input type="checkbox"/> Not at all | <input type="checkbox"/> With reservation | <input type="checkbox"/> With confidence | <input type="checkbox"/> Enthusiastically |

*Thank you for the time and effort you have taken in completing this evaluation. Your observations are an important part of this student's application.*

Evaluator's name (print): \_\_\_\_\_ Position: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best time/day(s) to contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_