

K-1 TEACHER RECOMMENDATION FORM

Student's Name: _____

Return by: _____

The student named above is a candidate for admission to Greensboro Montessori School. We would appreciate your candid evaluation of this student in the below areas. The student's parent(s)/legal guardian(s) are aware that we've requested an evaluation of their child and that your comments will be held confidential. Please complete and return this Information Form to the Admission Office by the date above. Thank you for your time and effort.

Explanation of Continuum
S = Superior **E** = Excellent **G** = Good **F** = Fair **P** = Poor

1. Please rate this applicant on the following characteristics, if applicable:

SOCIAL SKILLS	S	E	G	F	P
Participates in group activities					
Enters new activities enthusiastically					
Respects feelings and property of others					
Responds to environment with minimal anxiety					
Expresses themselves effectively					
Solves problems without verbal or physical aggressions					
Interacts well with peers in unstructured play					
Makes the transition easily from one activity to another					
Is able to wait their turn					
OVERALL SOCIAL PROFILE					
EMOTIONAL DEVELOPMENT	S	E	G	F	P
Separates easily from parents					
Requires minimal reassurance or attention from teacher					
Appears relaxed and open with others					
Is not overly fearful					
Is confident with peer relationships					
Stands up for their own rights					
Accepts limits imposed by adults					
Uses classroom materials responsibly					
Speaks or behaves with minimal impulsivity					
Self-monitors behavior					
OVERALL EMOTIONAL PROFILE					
EDUCATIONAL SKILLS	S	E	G	F	P
Follows directions					
Follows established classroom routines					
Attends to tasks					
Has appropriate listening skills					
Maintains attention in group					
CHARACTERIZE THIS CHILD'S	S	E	G	F	P
Gross motor skills					
Fine motor skills					
General knowledge					
Vocabulary development					
Speech articulation					

2. Please describe this student's:

Preference for handedness: Right handed Left handed Not established

This student can count to: _____

This student can write their First name Last name First and last name

Please describe this student's language development:

3. What are this student's:

Strengths :

Weaknesses:

Special needs:

4. To your knowledge, has this student received any resources help, evaluations, or special services for either enrichment or remedial purposes?

Yes No

If yes, please describe:

5. Recommend placement for next year: Pre-K Kindergarten First Grade Second Grade

6. Have you shared this placement recommendation with the parents? Yes No

7. I recommend this candidate: Enthusiastically Confidently With reservation Do not recommend

Additional remarks:

Name of teacher completing this form:

Name of school:

Teacher's signature:

School address:

Date completed:

School Phone: _____