

Name of Applicant: _____ Applying for Grade: _____

Name of school completing recommendation: _____

Teacher - Please be sure to download this form to your desktop prior to filling in electronically. Please save after completion and upload to email request. As an alternative, this form may be printed, completed by hand, scanned and uploaded to email request. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. You may wish to retain the original copy for your files to send to additional schools. The student’s application cannot be processed until the form is received in the Admissions Office. Deadlines are determined by individual schools.

Please place an "x" in the appropriate box below and comment. Thank you.

Social Skills Ratings	Exceeds Expectations	Area of Strength	Age Appropriate	Progressing	Area of Concern	Please Comment
Self-esteem						
Acceptance of Limits						
Self-motivation						
Ability to work independently						
Interaction with peers						
Interaction with teachers						
Uses words to express feelings						
Internalization of classroom routine						
Separation from parents/caregivers						
Ability to share and work cooperatively						
Ability to wait turn						
Respect for property (personal and others)						
Accepts responsibility for actions						
Sense of humor						
Curiosity/imagination						
Attention span: self-chosen activity						
Attention span: assigned activity						
Cooperative attitude						
Leadership skills						
Makes transitions easily						
Ability to focus in large group						
Ability to focus in small group						
Responds to redirection						

Usually chooses to work in: large group small group alone
 Usually takes role of: leader follower varies
 Hand dominance: right left not yet established

Physical Development Ratings	Area of Strength	Age Appropriate	Progressing	Area of Concern	Please Comment
Fine motor coordination					
Draws with details					
Uses appropriate pencil grip					
Gross motor coordination					
Body/space awareness					
Balance, gait, fluidity, smoothness of movement					
Participate in physical group activity					

**HAIS Common Teacher Recommendation
Early Childhood through Kindergarten (Page 2)**

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Please describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern?

Please note any physical, visual and/or auditory strengths or weaknesses:

Select the words below that best describe this applicant:

- | | | | | |
|------------|------------|-------------------|----------------|----------------|
| Aggressive | Courteous | Easily-frustrated | Independent | Respectful |
| Articulate | Curious | Flexible | Inquisitive | Self-regulated |
| Cheerful | Detached | Good-natured | Oppositional | Serious |
| Confident | Determined | Impulsive | Over-protected | Spirited |

Please add any additional information that would provide a more complete picture of the student and family:

Applicant is habitually tardy or late: Yes No If yes, please explain below:

This applicant is:

- Strongly Recommended Recommended Recommended with Reservation Not Recommended

I would: like to be willing to discuss this applicant by telephone.

Teacher Verification

Teacher Signature:	Date:
Print Name:	School Address:
Teacher Email:	
Home Phone:	Telephone: