



Teacher Recommendation Form for Kindergarten

To the Parent: Complete the top portion of this form and give it to your child's current teacher, along with a stamped envelope addressed to **Tall Cedars Academy, P.O. Box 132, Duvall, WA, 98019**. They may also fax this form to us at **425-788-6844**.

Applicant's Name _____
First Middle Last

Today's Date _____ Date of Birth _____

I hereby give permission for you to release the information on this form concerning my child to Tall Cedars Academy. I, the parent/guardian, understand that I will not have access to this confidential information.

 Parent/Guardian signature

To the Child's Current Teacher: The above-named student has applied for admission to Tall Cedars Academy. To assist us in determining if our program suits this student's educational needs, we ask that you complete and return this descriptive form to us. Please feel free to add additional comments where you see fit. We value your input and assure you that all information will be held in confidence.

DEVELOPMENTAL READINESS

The items below ask for your sense of the student's emotional and social growth, intellectual development and relationships within the school community. Please evaluate the candidate in the following areas by placing a check in the appropriate column.

	STRONG	AGE-APPROPRIATE	EMERGING	NOT EMERGED	COMMENTS
1. Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Ability to express needs to an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ability to express feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Respects & cooperates with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Expresses ideas in 4-6 word sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Follows multiple step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Shows empathy & caring for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Participates in cooperative play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Aware of how to take turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Desires independence & is capable of some independent activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Ability to delay gratification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ability to care for self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Toilet training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Follows classroom rules & routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Approaches new experiences eagerly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	STRONG	AGE-APPROPRIATE	EMERGING	NOT EMERGED	COMMENTS
16. Ability to make classroom transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Participates in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Directs attention to instruction for reasonable amount of time in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Demonstrates creativity & inventiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Ability to sustain independent play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Uses classroom materials purposefully and respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Capacity to form friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Shows eagerness & curiosity as a learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Demonstrates flexibility with changes in the routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Is self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Relates recent experiences with some understanding of sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Ability to perform fine motor tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Ability to perform gross motor tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Ability to cope with frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Exhibits problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PARENT/SCHOOL RELATIONSHIP

Please describe the family's relationship with the faculty and administration: _____

Is there any additional information that could be better conveyed in a phone conversation? Yes No

If yes, please indicate a phone number and the best time to reach you: _____

Again, thank you for your time and the helpful information you have provided.

Form completed by: _____ Position: _____
(please print)

Signature: _____ Date: _____

Full Day Program Half Day Program Other: _____

School Name: _____ School Phone: _____

School Address: _____ City: _____ Zip code: _____