



## Confidential Teacher Recommendation for Pre-K / Kindergarten

Student's First Name

Last Name

Current Grade

Teacher Completing Form

Current School

Phone number

<b>Language</b>	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>
Has age appropriate vocabulary				
Speaks clearly				
Asks appropriate questions				
Responds appropriately to questions				
Follows oral directions				
Listens at group times				
Participates at group times				
<b>Motor Skills</b>	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>
Displays age appropriate gross motor skills				
<b>Social/Emotional Development</b>	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>
Able to separate from parents				
Seems happy and content in school				
Has self-control (not impulsive)				
Adapts to changes in routine				
Accepts responsibility for own actions				
<b>Peer Interaction</b>	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>
Appropriately initiates interaction with peers				
Responds to others initiatives				
Cooperates with peers				
Resolves conflicts without physical aggression				

<b>Approach to tasks</b>	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>
Persists on challenging tasks				
Focuses on tasks				
Accepts limits set by teacher				
Shares teacher attention				
Functions independently in classroom (not overly dependent on adults)				

At this time do you feel this child will be ready for kindergarten in the fall? \_\_\_yes \_\_\_no  
 If no, please comment:

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Have you or other professionals at your school considered that this child be evaluated for special learning or behavior needs? \_\_\_yes \_\_\_no  
 Please note area of concern:

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If yes, has this been communicated to the child's parents? \_\_\_yes \_\_\_no

How long has this child been enrolled at your school? \_\_\_\_\_

Does he/she attend school on a regular basis? \_\_\_yes \_\_\_no

Please mail this form to:  
 St. Joan of Arc School  
 230 S Law Street  
 Aberdeen, MD 21001

Or fax this form to:  
 Fax (410)272-1959

Or email this form to:  
 emaid@stjoanarc.org