



TEACHER'S RECOMMENDATION FORM

KINDERGARTEN & FIRST GRADE

Parents: Please complete the top three lines of this form, read and sign the statement below, and send this form directly to the applicant's present school.

Child's Name _____

Age _____ School _____

Class _____ Teacher _____

Parent/ Guardian: I acknowledge that I waive my right to read the confidential teacher recommendations and the school report. I further hereby release St. Elizabeth's School from all liability pertaining to the disclosure of this information.

Signature of Applicant's Parent or Guardian

To the Teacher:

Your observations are an invaluable guide in determining the best placement for this child. This information is confidential and privileged. It is intended for Admissions Office use only and will not be part of the student's permanent record. Your candid responses to the following questions will be appreciated. Thank you so much for your help.

Please circle the days child attends each week: M T W TH F

PART 1

Please check the response most appropriate for this child.

A. Attention Span

- Focuses and maintains attention over time
- Attends with occasional teacher redirection
- Easily distracted by noise or movement of others and requires frequent teacher redirection

B. Task Persistence

- Persists and completes tasks independently
- Attempts tasks with some encouragement
- Attempts tasks after much encouragement
- Refuses to attempt/complete task

C. Degree of Independence

- Able to work on most tasks independently
- Requires occasional assistance to complete task
- Requires frequent assistance to complete task
- Needs constant supervision/guidance to complete task

D. Attention to Directions in Teacher-Directed Activities

- Listens carefully to entire directions
- Attends only to brief directions
- Plunges ahead after only hearing a portion of directions

E. Comprehension of Directions in Teacher-Directed Activities

- Rapid comprehension of most directions given age expectations
- Understands after several repetitions
- After several repetitions, understands only partial directions

F. Verbalization

- Communicates ideas clearly
- Has difficulty expressing wants/needs
- Speech has sound substitutions
- Verbal interactions are inappropriate to age/situation

G. Body Movements at Listening Times

- Sits quietly
- Some squirming
- Much movement
- Out of seat; body constantly in motion

H. Peer Relationships

- Works and/or plays well with others
- Friendly, but reserved
- Has difficulty interacting with peers

I. Confidence

- Very sure of self
- Confidence with things known; attempts new things with encouragement
- Reluctant to try new or difficult things
- Very uncertain; needs much encouragement

PART 2

1. Please comment on the individual strengths of this student.
2. Are there activities that appear difficult for this child?
3. Please comment on this child's emotional and social maturity.
4. Please comment on the likelihood of this child being successful in a challenging academic program.
5. Has this family been supportive in reaching this child's goals this year?
6. Do you have any questions or reservations about this child you would like to discuss with us?

PART 3

Please complete the following chart by checking the most appropriate column for the indicated behavior.

	Usually	Occasionally	Rarely
Exhibits self-control			
Respectful			
Cooperative			
Considerate			

Signature of reference _____ Date _____

Thank you for your time. Please send this completed form to:

**St. Elizabeth's School
Admissions
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Denver, CO 80205
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Facsimile 303-322-4210**