



Teacher Recommendation

The Elisabeth Morrow School

Kindergarten and First Grade

Child's name: _____ Date of this report: _____

Submitted by: _____

Present School: _____

How long have you known this child? _____

What are the first words that come to mind to describe this candidate?

PHYSICAL DEVELOPMENT	Mature	Age Appropriate	Developing	Immature	Additional Comments
Fine motor control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pencil grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gross motor control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Body/space awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please comment on the child's physical development and stamina with regard to full participation in the school's program.

SOCIAL/EMOTIONAL DEVELOPMENT	Mature	Age Appropriate	Developing	Immature	Additional Comments
Ability to initiate imaginative play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participation in cooperative play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Capacity to form friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Empathy and caring for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

cont'd next page...

SOCIAL/EMOTIONAL DEV. CONT'D...	Mature	Age Appropriate	Developing	Immature	Additional Comments
Ability to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to wait a turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to problem solve with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsiveness to teacher's redirection & limit-setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frustration tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please comment on the child's social emotional development (e.g., peer relationships, adult support needed, self-image, ability to deal with conflict and frustration).

COGNITIVE DEVELOPMENT	Mature	Age Appropriate	Developing	Immature	Additional Comments
Creativity and inventiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Approaches new challenges easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

COGNITIVE DEVELOPMENT CONT'D.	Mature	Age Appropriate	Developing	Immature	Additional Comments
Persistence in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to internalize classroom routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flexibility with changes in routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention span - assigned activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention span - self chosen activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RECEPTIVE LANGUAGE SKILLS					
Ability to listen one-on-one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to listen in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participation in classroom discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Memory for events and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
EXPRESSIVE LANGUAGE SKILLS					
Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fluency of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Word retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate syntax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to tell stories in sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

MATH READINESS

Understanding 1-1 correspondence

Numerical Recognition

Ability to extend a simple pattern

Understanding comparative terms (less, more, etc.)

Is the child currently receiving any services?

To your knowledge, is the family's perception of the child compatible with the school's understanding of the child?

Please characterize parental cooperation and involvement.

Signed _____ Date _____

Title _____