



Good Shepherd Lutheran School

Creating Foundations for Life

Kindergarten Applicant Teacher Recommendation Form

For Students Entering Kindergarten

*to be completed by the student's current teacher

Date _____

Name of Applicant _____

Date of Birth _____

Current Preschool _____

Teacher's Name _____ Position _____

We appreciate your cooperation in completing this form. It provides an important component of our application process. Please note that we place great value on your observations of classroom behavior and your descriptive comments. This evaluation will be kept in strict confidence.

Social and Emotional Development

	<i>Age Appropriate</i>	<i>Progressing Toward Age Appropriate</i>	<i>Needs Development</i>
Ability to work in groups			
Exhibits courtesy and respect towards peers			
Exhibits self confidence			
Adjusts to transitions			
Tolerates frustration			
Separates from parents			
Shares well without prompting			
Functions independently			
Asks for help when needed			
Modifies behavior based upon known consequences			
Demonstrates self-control in class			
Demonstrates self-control on the playground			

Exhibits self-help skills			
Cognitive Development			
	<i>Age Appropriate</i>	<i>Progressing Toward Age Appropriate</i>	<i>Needs Development</i>
Listens in whole group activities			
Expresses themselves comfortably			
Sustains attention in small groups			
Grasps new concepts			
Willing to try new activities			
Demonstrates an interest in learning			
Respects classroom routine			
Follows directions			
Displays stamina and resilience			
Seeks help when needed			
Responds favorably to redirection			
Clarity of speech			
Exhibits problem solving ability			
Attends program regularly			

Physical Development			
	<i>Age Appropriate</i>	<i>Progressing Toward Age Appropriate</i>	<i>Needs Development</i>
Small motor coordination e.g. cutting, drawing, block building, handling manipulatives			
Gross motor coordination e.g. running, skipping, climbing, jumping, kicking, throwing a ball			
Shows awareness of personal space			
Handedness established (right or left)			

Is this child currently receiving professional services? (*circle one*)

Yes

No

If yes, (*circle all that apply*):

Speech and Language

OT

PT

Counselling

Have you recommended services for this child? *(circle one)*

Yes

No

Did the parent follow through with your recommendation? *(circle one)*

Yes

No

Please comment on the parental involvement:

Is there anything else that you would like to share?

Thank you for your time and candor. Please leave your contact information in case we need clarification.

Phone number

Email _____

Signature

Date