

Nursery-1st Grade Applicants Teacher Recommendation Form

Applicant Name: _____

Grade Apply: _____

School Year Apply: 20_____

To the Classroom Teacher:

Thank you for taking the time to complete this form. It provides one way to help determine the applicant's readiness for the program at The Wheeler School, and it is reviewed with full awareness that young children are constantly changing and developing. Rest assured that your answers will be kept in the strictest confidence.

The Admission Committee

Section 1: Social/Emotional Development

	Area of Strength	Age Appropriate	Progressing Toward Age Appropriate	Possible Area of Concern	Comments
Separates easily from parents/guardians					
Is comfortable with adults					
Finds way to enter group play					
Initiates play activities					
Cooperates in play					
Engages in imaginative play					
Shares well without prompting					
Plays alone comfortably					
Participates willingly in group clean-up					
Respects the rights and property of others					
Shows concern towards peers					
Stands up for self					
Uses words to resolve conflicts					
Demonstrates flexibility in problem solving					
Has an appropriate sense of humor					
Accepts responsibility for behavior					

Section 2: Cognitive Development

	Area of Strength	Age	Progressing Toward Age Appropriate	Possible Area of Concern	Comments
Attends to an adult-led	0		Appropriate	Concern	
activity (ex: Morning					
Meeting) for the expected					
length of time					
Understands the give and					
take of group discussion					
Contributes to group					
discussions					
Follows 2-3 step					
directions					
Works cooperatively					
Is able to work					
independently					
Demonstrates persistence					
in learning					
Demonstrates the ability					
to focus on one task					
Demonstrates curiosity					
Willingly tries new					
activities and challenges					
Demonstrates problem-					
solving skills					
Recalls and utilizes prior					
information					
Easily grasps new					
concepts					
Responds positively to					
teacher re-direction and					
limit-setting					
Adapts to change in routine					
Moves easily from one activity to another					
activity to another					

For Applicants to Grade 1 ONLY:

Please comment on the candidate's **beginning reading-readiness skills** (recognizes letters, writes own name, knows sound/symbol relationships, etc.).

Please comment on the candidate's **beginning math-readiness skills** (recognizes numbers, identifies colors and shapes, follows patterns, etc.)

Section 3: Physical Development

	Area of Strength	Age Appropriate	Progressing Toward Age	Possible Area of	Comments
	Suchgui	rippiopiluie	Appropriate	Concern	
Hand-eye coordination					
and dexterity					
Pencil grasp					
Self-help skills (ex: hand					
washing, bathroom skills,					
eating snacks/lunch, etc.)					
Gross motor skills (ex:					
running, climbing)					
Balance and coordination					

Section 4: Speech and Language Development

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	Area of	Age	Progressing	Possible	Comments
	Strength	Appropriate	Toward Age	Area of	
			Appropriate	Concern	
Understands most of					
what is said at school					
Speaks in detailed					
sentences					
Tells stories that stick to					
the topic					
Speaks clearly in most					
contexts					

Section 5: Parent and Family Information

Has/have the parent/guardian(s) of this child been:

	Consistently	Usually	Sometimes	Rarely	Comments
Supportive of the child's					
school experience					
Supportive of your					
school's					
programs/routines					
Supportive of you as a					
teacher					
Responsive to					
suggestions/guidance					
Realistic in setting					
educational goals					

Section 6: Closing

Please comment on the candidate's ability to meet the expectations of your program. Have you adjusted your program to accommodate the needs or abilities of this child?

Please feel free to share any other information that you think would be helpful.

Your Name:	Date
Your Email:	
School Name:	

This form is adapted from the AISNE Pre-K-1st Recommendation Form.