

# AKIVA SCHOOL

## Kindergarten

### Teacher Recommendation Form

To the person completing this form: Please fill out both sides and return to the address below. Your comments will be held in the strictest confidence. Thank you very much for your assistance and cooperation.

|   |                               |
|---|-------------------------------|
| <b>Applicant's Name:</b> _____                    | <b>Date:</b> _____            |
| <b>Present School:</b> _____                      | <b>School phone #:</b> _____  |
| <b>Teacher's Name:</b> _____                      | <b>Teacher's email:</b> _____ |
| <b>How long have you known the student?</b> _____ |                               |

| <b>Emotional Maturity</b>                 | Please check the appropriate response |         |           |       |
|---|---------------------------------------|---------|-----------|-------|
|   | Always                                | Usually | Sometimes | Never |
| Plays happily with friends                |                                       |         |           |       |
| Shows respect for authority               |                                       |         |           |       |
| Transitions easily                        |                                       |         |           |       |
| Enjoys school                             |                                       |         |           |       |
| Cooperates with teachers                  |                                       |         |           |       |
| Exhibits self-confidence                  |                                       |         |           |       |
| Shares well and takes turns               |                                       |         |           |       |
| Separates from parents easily             |                                       |         |           |       |
| Demonstrates self-control                 |                                       |         |           |       |
| Is willing to try new activities          |                                       |         |           |       |
| Expresses negative feelings appropriately |                                       |         |           |       |
| Accepts re-directions well                |                                       |         |           |       |
| Accepts responsibility for one's behavior |                                       |         |           |       |

| <b>Language</b>                        | Please check the appropriate response |         |           |       |
|--|---------------------------------------|---------|-----------|-------|
|  | Always                                | Usually | Sometimes | Never |
| Speaks clearly                         |                                       |         |           |       |
| Speaks in complete sentences           |                                       |         |           |       |
| Expresses ideas                        |                                       |         |           |       |
| Responds appropriately to instructions |                                       |         |           |       |
| Processes auditory information         |                                       |         |           |       |

| <b>Skills</b>   | Please check the appropriate response |         |           |       |
|---|---------------------------------------|---------|-----------|-------|
|   | Always                                | Usually | Sometimes | Never |
| Listens in a group  |                                       |         |           |       |
| Contributes appropriately during group time                 |                                       |         |           |       |
| Follows simple directions                                   |                                       |         |           |       |
| Can sit for an appropriate amount of time                   |                                       |         |           |       |
| Completes tasks in allotted time                            |                                       |         |           |       |
| Recognizes basic shapes                                     |                                       |         |           |       |
| Recognizes basic colors                                     |                                       |         |           |       |
| Recognizes alphabet   |                                       |         |           |       |
| Any other noteworthy skills the student demonstrates: _____ |                                       |         |           |       |
| _____   |                                       |         |           |       |

| Physical                              | Please check the appropriate response: |      |              |      |     |
|---------------------------------------|--|------|--------------|------|-----|
|                                       | Excellent                              | Good | Fair         | Poor | N/A |
| Fine muscle control and coordination  |  |      |              |      |     |
| Gross muscle control and coordination |  |      |              |      |     |
| Eye/hand coordination                 |  |      |              |      |     |
| Handedness                            | Right                                  | Left | Undetermined |      |     |
| Comments: _____                       |  |      |              |      |     |
| _____                                 |  |      |              |      |     |

| Please check the items that describe this child: |              |  |                |  |            |  |               |
|--|--------------|--|----------------|--|------------|--|---------------|
|  | Agreeable    |  | Aggressive     |  | Angry      |  | Assertive     |
|  | Compulsive   |  | Cooperative    |  | Demanding  |  | Distractible  |
|  | Enthusiastic |  | Even-tempered  |  | Expressive |  | Impulsive     |
|  | Nervous      |  | Noticeably shy |  | Outgoing   |  | Overly active |
|  | Quiet        |  | Sullen         |  | Talkative  |  | Well-mannered |
|  | Withdrawn    |  |                |  |            |  |               |

| Parents                                       | Please check the appropriate response |         |           |       |
|---|---------------------------------------|---------|-----------|-------|
|   | Always                                | Usually | Sometimes | Never |
| Cooperative                                   |                                       |         |           |       |
| Have reasonable expectations of school        |                                       |         |           |       |
| Follow through with school's suggestions      |                                       |         |           |       |
| Consistent with discipline                    |                                       |         |           |       |
| Have a realistic picture of child's abilities |                                       |         |           |       |
| Genuinely interested in child's education     |                                       |         |           |       |

**Additional Comments about parents:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Overall placement recommendation:**

\_\_\_ Ready for kindergarten

\_\_\_ Would benefit from another year of preschool

☐ I would like to further discuss this student by phone. Please call me at \_\_\_\_\_. The best time to call is \_\_\_\_\_.

**We truly appreciate the time you have invested in this student's application. Your comments are valued.**

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Please return this form to:  
 Akiva School  
 809 Percy Warner Blvd.  
 Nashville, TN 37205  
 615-356-1880 Fax: 615-356-1850  
 www.akivanashville.net