



# CONFIDENTIAL TEACHER RECOMMENDATION FORM

For applicants to Kindergarten and First Grade

Please complete and mail to: San Diego Hebrew Day  
3630 Afton Road, San Diego, CA 92123  
858-279-3300, Fax 858-279-3389.  
e-mail: admissions@ssdhds.org

TO THE PARENT: Please complete this section and then give this form to your child's teacher.  
(S)he will mail it directly to our school.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

The student listed above is applying for admission to Kindergarten / First Grade. (Circle one)

TO THE TEACHER: This form has been designed to better allow an open exchange of information about the student whose name appears above. Your candid assessment of the applicant is very helpful in our attempt to find school placement appropriate for both the student and the family. All recommendations are reviewed with the full awareness that young children are constantly changing and developing. We greatly appreciate your taking the time and effort to complete and return this form. Please know that the professional comments you share will be held in strictest confidence.

\_\_\_\_\_  
Name of teacher (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of School/Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
School Phone

\_\_\_\_\_  
School Fax

I have known this child \_\_\_\_\_ years, \_\_\_\_\_ months.

(S)he is enrolled in our school \_\_\_\_\_ days per week, \_\_\_\_\_ hours per day, in the \_\_\_\_\_ class/grade.

This class has \_\_\_\_\_ students and \_\_\_\_\_ teacher(s).

Your judgments are used solely for the admission process and are held in strictest confidence.

We thank you in advance for the help your comments provide.

Compared to all the students this age whom you have taught, please rate this student in the following areas:

Physical Development	Age Appropriate	Needs Development
Small muscle control and coordination		
Large muscle control and coordination		
Speech development (articulation)		
Comments: (please attach separate page if you need more room)		

Social and Emotional Development	Age Appropriate	Needs Development
Separates from parents		
Relates to adults		
Cooperates with adults		
Relates to peers		
Cooperates with peers		
Shows self-confidence		
Sustains attention in small group		
Sustains attention in large group		
Sustains attention for minimum of <u>10</u> minutes		
Takes turns/ shares		
Takes responsibility		
Asks for help when needed		
Tolerates frustration		
Adjusts to transitions		
Is willing to try new activities		
Expresses feelings appropriately		
Controls impulses		
Interacts with materials appropriately		
Comments: (please attach separate page if you need more room)		

Self Help Skills	Age Appropriate	Needs Development
Can dress self		
Toileting		
Comments: (please attach separate page if you need more room)		

Cognitive Development	Age Appropriate	Needs Development
Knows colors		
Knows shapes		
Is familiar with numbers 1-10 (one to one correspondence)		
Recognizes letter *please fill in which letters and if upper or lower case		
Knows how to spell name (capital followed by lower case)		
Knows body parts		
Ability to focus on a task		
Ability to complete a task		
Demonstrates an interest in learning		
Ability to follow 2-3 step direction		
Comments: (please attach separate page if you need more room)		

Language Development	Age Appropriate	Needs Development
Articulates clearly		
Participates in discussions and activities		
Talks in full sentences		
Comments: (please attach separate page if you need more room)		
What language is spoken in the child's home? If more than one, please list all:	Home:	Others:

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teacher				
Cooperates with administration				
Follows the rules and policies of the school				
Has realistic expectations for their child				

Please comment on the following (please attach separate page if necessary):

Does the child need extra assistance from the teacher?

---

---

---

---

---

Is there anything unusual or exceptional about this child that you feel deserves special consideration?

---

---

---

---

---

Would we be able to make a more informed decision if we had a conversation with you?  YES  NO

Please let us know the best time to call, should we want to reach you.

---

Phone

---

Best hours to reach you

Thank you for your time and assistance.