

SHARED TEACHER RECOMMENDATION

Kindergarten

Name of Applicant _____

Applicant for Grade _____

Parent or Guardian

Parent or Guardian: Please write your child's name in the space above and read and sign the following before giving this to your child's teacher. Please include an addressed/stamped envelope for each school you list below. Teachers can also send by email to Loren Chorn lchorn@berenacademy.org

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

Signature of Parent or Guardian _____ *Date* _____

Please send this recommendation to the following Houston schools:

- | | | | | |
|----|-------|---------|-------|-----|
| 1. | _____ | Address | _____ | Zip |
| 2. | _____ | Address | _____ | Zip |
| 3. | _____ | Address | _____ | Zip |
| 4. | _____ | Address | _____ | Zip |

Teacher

Teacher: Please complete this confidential form and return it in the enclosed envelope or emailed to Loren Chorn lchorn@berenacademy.org as soon as possible.

In order to give you time to get to know the applicant better, we ask that you *not* complete this form *before December 1*. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files to send to additional schools. Thank you for your cooperation and honesty. **The child's application cannot be processed until this form is received in the Admissions Office.**

Social Skills

<i>Ratings</i>	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Comments</i>
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with teachers					
Uses words to express feelings					
Internalization of classroom routine					
Separation from parents/caregivers					
Ability to share and work cooperatively					
Ability to wait turn					
Respect for property (personal and others)					
Accepts responsibility for actions					
Sense of humor					
Curiosity					
Attention span- self chosen activity					
Attention span- assigned activity					
Cooperative attitude					
Leadership skills					
Makes transitions easily					
Ability to focus in large group					
Ability to focus in small group					

Name of Applicant _____

Applicant for Grade _____

Usually chooses to work in: large group _____ small group _____ alone _____
 Usually takes the role of: leader _____ follower _____ varies _____
 Hand dominance: right _____ left _____ not yet established _____

Describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern? _____

Physical Development

<i>Ratings</i>	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Comments</i>
Fine motor coordination (lacing, puzzles, etc.)					
Draws with details					
Uses appropriate pencil grip					
Gross motor coordination					
Body/space awareness					
Balance, gait, fluidity, smoothness of movement					
Participates in physical group activity					

Please describe any notable physical strengths or weaknesses: visual and/or auditory _____

Are there any aspects of the child's physical development or stamina which might limit full participation in a school's program? If so, how does the child deal with them? _____

- This applicant is: Strongly Recommended Recommended Recommended with Reservation Not Recommended

Check the words that best describe this applicant.

Aggressive	Courteous	Flexible	Over protected
Articulate	Detached	Good Natured	Respectful
Cheerful	Determined	Impulsive	Serious
Confident	Easily frustrated	Oppositional	Spirited

- Is there anything regarding the applicant that would be helpful for the Admissions Committee to know? _____

- Is there anything regarding the family that would be helpful for the Admissions Committee to know? _____

- I would: like to be willing to discuss this applicant by telephone.

Signature of Teacher: _____	Date: _____
Print Name: _____	
Name of School: _____	Telephone: _____
School Address: _____	Home Telephone: _____

Director/Principal

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				

Signature of Director/Principal: _____ Date: _____