



Preschool/Kindergarten/Middle School
 11902 Daisy Lane
 Glenn Dale, MD 20769
 (301)464-3215
 (301)464-9725 (Fax)

Lower School
 13106 Annapolis Road
 Bowie, MD 20720
 (301)262-5355
 (301)262-9609 (Fax)

TEACHER RECOMMENDATION FORM

For Students Entering Preschool – Kindergarten

Name of Child _____ Present School _____

PRE-ACADEMIC READINESS FOR READING, WRITING AND COMPUTATION

SKILL DEVELOPMENT	Notably Advanced	Age Appropriate	Progressing Age Appropriate	Possible Area Of Concern
Is attentive				
Listens in a group				
Contributes to discussions				
Follows directions				
Works cooperatively				
Complete tasks				
Can focus on one task				
Respects classroom routines				
Moves easily from one task/activity to another				
Responds positively to criticism				
Is curious				
Is willing to try new activities				
Is a self-starter				
Exhibits problem solving abilities				
Expresses ideas well				
SOCIAL/EMOTIONAL DEVELOPMENT				
Is supportive of peers				
Is comfortable with adults				
Works well independently				
Cooperates in classroom activities				
Cooperates in play				
Initiates play activities				
Shares well				
Is imaginative				
Has the capacity to lead				
Has the capacity to follow				
Uses materials purposefully				
PHYSICAL DEVELOPMENT				
Small muscle control & coordination				
Large muscle control & coordination				
Speech development (articulation)				

Please circle words that describe this child:

- | | | | | | | |
|------------|-------------------|---------------|-------------|-----------------|------------------|--------------------|
| Aggressive | anxious | articulate | cheerful | disobedient | restless | easily discouraged |
| Assertive | over-protected | influential | irritable | manipulative | organized | confident |
| Follower | passive-resistant | perfectionist | responsible | self-centered | self-disciplined | motivated |
| Honest | passive | vivacious | well-liked | positive leader | distractible | conscientious |
| Shy | social | rambunctious | energetic | negative leader | distracting | other _____ |

Please comment, in a brief paragraph, on each of the following regarding this child:

1. Physical Development (general health and well-being)

2. Intellectual Development (attention span, language development, visual and auditory discrimination, favorite activities)

3. Social Development (degree of aggression or passivity, peer relationships, adult support needed, level of play)

4. Emotional Development (personality characteristics, self-image, ability to deal with conflict and frustration)

5. Child's relationship with parents

6. In your view, what are this child's particular strengths?

7. Are there significant weaknesses or problems of which we should be aware?

8. To your knowledge, has this child ever been evaluated or helped psychologically?

9. To your knowledge, has this child ever been evaluated for speech or language developmental delay?

10. Please make any further comments you feel are appropriate.

Record of standardized testing, if any:

<u>Name of Test</u>	<u>Date Given</u>	<u>Score</u>	<u>Percentage Rating</u> (Please indicate whether public or Independent school norms)

Have all financial obligations been met: Yes _____ No _____

(Many AIMS schools will not enroll a student until the student's family has met all financial obligations to the previous school.)

How long have you known this applicant? _____ How many students are in the class? _____

Would you be willing to discuss this child by telephone if we have further questions? Yes _____ No _____

Teacher's Name _____ Telephone Number _____

Signature _____ Date _____

School _____ Position _____

Please attach a copy of the student's progress reports.

Thank You