



**TEACHER RECOMMENDATION - KINDERGARTEN**

**Parental Instructions:** Please complete the items below; then give this form to one teacher that has taught the applicant during the previous school year.

Student's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Applying to grade:(1st-6th)\_\_\_\_\_ for the current school year.

I understand that this recommendation form is confidential, and I hereby wave any rights I may have to review its contents.

Signature of Parent (s): \_\_\_\_\_ Date: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_ Previous Grade: \_\_\_\_\_

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

Name of Teacher to complete form: \_\_\_\_\_

**Instructions to the teacher:** The student listed above is applying for admission to Harvest Preparatory Academy. Please complete both sides of this form and return it directly to the Harvest Preparatory admissions office. Your candid evaluation is an invaluable resource to our admissions committee. Your comments will be held in strict confidence. Thank you for your time and input. If you have any questions, please call the admissions office, (910) 433-3036.

Teacher's Name: \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_ What is your relationship to the applicant? \_\_\_\_\_

**Please indicate your rating by marking an X in one of the boxes below:**

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	IMPROVEMENT NEEDED
WRITTEN EXPRESSION AGE APPROPRIATE					
MATH SKILLS					
VOCABULARY AGE APPROPRIATE					
READING ACHIEVEMENT					
PARTICIPATION IN CLASS					
FINE MOTOR COORDINATION					
GROSS MOTOR DEVELOPMENT					
ABILITY TO FOLLOW INSTRUCTIONS					
WORKS WELL INDEPENDENTLY					
EXHIBITS SELF CONTROL					
MATURITY LEVEL AGE APPROPRIATE					
EMOTIONAL STABILITY					
PEER COMPATIBILITY					
CONDUCT					
INTELLECTUAL CURIOSITY					
SHOWS RESPECT FOR AUTHORITY					

*Continued on back*

Do you section students according to ability? Is the applicant at an advanced, average, or remedial level?

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What are your comments regarding the ability for this applicant to succeed in a private Christian school?

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Do you know if this student has ever had any psychological testing or counseling? \_\_\_Yes \_\_\_No  
If yes, please describe, if possible.

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Has this applicant ever participated in a program for special needs (i.e. programs for learning disabilities, behavior disorders, developmental delays, speech/language or gifted, etc.)?

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Is this student in good standing? If not, please explain.

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Would you consider this applicant to have any discipline concerns? \_\_\_Yes \_\_\_No If yes, please explain.

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Describe the classroom environment in which you think this child performs at his/her best.

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The child is toilet trained (consistently without accidents)?	Yes	No
The child identifies the basic colors by name?	Yes	No
The child identifies the basic shapes by name?	Yes	No
The child can draw the basic shapes on his/her own?	Yes	No
The child can recite the alphabet?	Yes	No
The child can identify the alphabet letters out of sequence?	Yes	No
The child can identify numbers 0-10 out of sequence?	Yes	No
The child is able to write their name?	Yes	No
They child can count to _____ on their own.	Yes	No
The child willingly shares with others?	Yes	No
The child frequently interrupts other children's activities?	Yes	No
The child is a leader?	Yes	No
The child is a follower?	Yes	No
The child is easily distracted?	Yes	No
Has the child ever displayed aggressive behavior?	Yes	No
Does this child exhibit separation anxiety?	Yes	No
Can this child sit in "circle time" and listen attentively?	Yes	No

Teacher's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** Administrative Registrar  
P. O. Box 2391 - Fayetteville, NC 28302

**We must have the original forms.**

