



Teacher Recommendation Form

PK3

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN IT TO THE ENROLLMENT OFFICE.

TO THE PARENT:

Student's Name: _____ Birth date: ____/____/____

I authorize the release of information for the above student to St. Mark's Episcopal School.

PARENT'S SIGNATURE: _____ Date: _____

I waive the right to seek access to confidential recommendations and evaluations used to determine my child's admission. St. Mark's reserves the right to contact the person completing this form should further clarification be required.

TO THE TEACHER:

All information made available to us is confidential and will not be discussed with the applicant's parents.

Name of Teacher: _____ Position: _____

School: _____ Phone: _____

Address: _____

Email: _____ Date: _____

INFORMATION REGARDING STUDENT:

What would you consider to be the student's strengths? _____

What would you consider to be the student's weaknesses? _____

Has the student any physical, social or emotional limitations? Yes ____ No ____
If yes, explain: _____

Has the family met their financial and contractual obligations? Yes ____ No ____
If no, explain: _____

Are the parents cooperative? Yes ____ No ____
If no, explain: _____

COMMENTS: We encourage any additional information that may be helpful in determining placement:

Student's Name: _____

Please mark the appropriate column and make comments as you deem pertinent. **It is not necessary to perform an in depth evaluation for each category.** Your candid response is encouraged. When completed, fax (561-622-6801) or mail the form to St. Mark's Episcopal School within one week of receipt

Days per week enrolled: _____

Hours per day: _____

Size of group: _____

<u>SOCIAL DEVELOPMENT:</u>	<u>Exhibits Strength</u>	<u>Age Appropriate</u>	<u>Needs Development</u>	<u>Comments</u>
Acts in a friendly manner				
Is understanding of peers				
Is comfortable with adults				
Plays alone happily				
Cooperates in play				
Shares well				
Exhibits self-control				
Uses materials purposefully				
Initiates play activities				
Is imaginative				
Has the ability to lead				
Has the ability to follow				
Is dependable				
Cooperates with adults				
Is self-confident				
Separates from parents				
<u>COGNITIVE DEVELOPMENT:</u>				
Is attentive				
Contributes to group discussions				
Is willing to try new activities				
Works cooperatively				
Completes tasks				
Demonstrates ability to focus on one task				
Respects classroom rules				
Expresses ideas logically				
Moves easily from one activity to another				
Responds positively to constructive criticism				
Is curious				
Follows directions				
Is a self-starter				
Enjoys new challenges				
Exhibits problem solving abilities				
<u>PHYSICAL DEVELOPMENT:</u>				
Small muscle control and coordination				
Large muscle control and coordination				
Speech development (articulation)				
Visual development				
Auditory development				

Thank you for taking the time to complete the Teacher Recommendation Form.

*Cindy Sexton
Director of Enrollment*