

TEACHER'S RECOMMENDATION
For Kindergarten or First Grade Applicant

TO THE PARENTS:

Please submit this questionnaire to your child's current teacher(s) after completing sections 1 and 2.

1. Applicant's Name _____ Birth Date _____
Applying for Grade _____ Applying for School Year _____
Current School _____ Current Grade _____
Head of School _____ Phone _____
Teacher(s) _____ Fax _____

2. As part of the admissions process for Chance School, please authorize release of this form.

I hereby give permission for you to release the information on this form concerning my child to Chance School. I, the parent, understand that I will not have access to this confidential information and that it will not become part of my child's permanent record.

Parent's Signature _____ Date _____

TO THE TEACHER:

We appreciate your frank response and consider your comments an important part of the candidate's application. If you have questions or wish to communicate further, please do not hesitate to call. Thank you.

How long have you known this child? _____
Current class _____ Days per week _____ Length of school day _____

Upon completion, please send this form (or a copy) to:

Chance School
ATTN: Admissions
4200 Lime Kiln Lane
Louisville KY 40222

- 1. What are the first words that come to mind when you think of this child?**
- 2. What play activities and learning opportunities does this child prefer?**
- 3. What play activities and learning opportunities does this child avoid?**
- 4. How does this child handle transitions and challenges?**
- 5. Do parents participate in conferences and find ways to support the school program?**
- 6. Describe the most important areas of growth or accomplishment this child has made in your classroom.**
- 7. Please add any other comments that would help us know this child better (such as strengths, areas of concern, overall development, and pertinent health factors).**

Skill Development

	Exceeds Expectations	Age Appropriate	Needs Development	Possible Area of Concern
Large Motor: Hops				
Skips				
Runs				
Climbs				
Alternates feet going down stairs				
Listens in a group				
Can focus on one task				
Follows directions: single step				
multi-step				
Is a self-starter				
Completes tasks				
Understands sequence				
Understands pattern				
Retains information				
Expresses self well verbally				
Recognizes rhymes				
Generates rhymes				
Can retell a story				
Recognizes letters: upper case				
lower case				
Recognizes sound/symbol relationship				
Recognizes numbers 1 – 10				
Comprehends 1:1 correspondence				
Expresses self in writing/drawing				
Writes own name				

Social and Emotional Development

	Exceeds Expectations	Age Appropriate	Needs Development	Possible Area of Concern
Shares				
Uses imagination				
Demonstrates curiosity				
Shows self-confidence				
Works cooperatively w/teachers				
Works cooperatively w/peers				
Works independently				
Works/plays in small groups				
Works/plays in large group				
Accepts limits and school routines				
Uses self-control: structured time unstructured time				
Resolves conflicts independently				
Accepts responsibility				
Shows care/concern for others				
Separates from parent				

I recommend this student _____ with great enthusiasm
 _____ without reservation
 _____ with reservation (Please explain, if checked.)

Teacher's Signature _____ Date _____

Please indicate telephone number and hours you could be reached for consultation, if needed: