

Gatewood School
 Confidential Teacher Recommendation
 Kindergarten



To the teacher: We appreciate your cooperation in completing this form. Please place a check mark in any column to the right or left to show gradations within each category. This form provides one way of getting to know the child and is reviewed with full awareness that young children are constantly changing and developing. This recommendation is confidential and will not be made available for parent review.

Student's Last Name _____ First Name _____ Middle Name _____

I have known this candidate for _____ years and _____ months.

Current Grade Level _____

Name of School/Day Care Provider _____ Teacher's Printed Name _____

Address _____ Telephone Number _____

How long has the applicant been enrolled? _____

How many days per week? _____

Has the applicant had any conduct problems? Yes No

If yes, please explain. _____

	Below Average	Average	Good	Excellent
Attention Span				
Self-Control				
Confidence				
Personal Appearance				
Respect for Rules				
Respect for Teacher/Authority				
Ability to Listen and Follow Directions				
Emotional Maturity				
Leadership				
Motivation				
Creativity				
Attitude Toward School				
Responsibility				
Honesty				
Cooperation with Peers				
Cooperation with Adults				
Fine Motor Skills				
Gross Motor Skills				
Parental Support				

Outstanding talents/accomplishments of the applicant: _____

Has the applicant shown any evidence of learning problems? Yes No

If yes, please explain. _____

Where would you place the applicant in each of the following?

	Little or No Exposure	Below Average	Average	Good	Excellent
Writes Name					
Recognition of Upper Case Letters					
Recognition of Lower Case Letters					
Letter-Sound					
Phonetic-Blending					
Reading Simple Words					
Handwriting: Forms Letters & Numerals Correctly					
Counting 1-20 Objects					
Addition Facts					
Subtraction Facts 1-10					
Recognition of Color Words					
Recognition of Number Words 1-10					
Write Numerals 1-10					

Please evaluate the applicant's general ability to learn new concepts:

Slower than average Average Below Average

To your knowledge, has the applicant ever been on medication for ADD, hyperactivity or emotional disorders? _____

How well do you think the applicant would succeed in an accelerated and structured learning environment?

Given the opportunity, were the applicant's parents supportive in your classroom and school program? _____

Comments: _____

Signature _____

Printed Name _____

Please return directly to:

Gatewood Schools, Director of Admissions
139 Phillips Drive
Eatonton, GA 31024
706.485.8231, ext. 13
706.485.2455 - Fax