



# TEACHER RECOMMENDATION FORM

*Preschool & Pre-K*

**INSTRUCTIONS TO PARENTS:** Please complete this section and give this form to your child’s current teacher with a stamped envelope. Your signature below indicates that you understand that this confidential recommendation is a required part of your child’s admission application and you will not have access to it.

Applicant Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS TO TEACHERS:** Please complete this recommendation and return it to Horizon Prep in the enclosed, stamped envelope. This student’s application cannot be processed until all recommendations have been received. This information will remain confidential and will not be disclosed to the student’s parent/guardian.

Social Development	USUALLY	SOMETIMES	SELDOM	COMMENTS
Plays cooperatively				
Shares toys, takes turns				
Initiates play activities				
Uses material appropriately				
Interacts with other children				
Intellectual Development	USUALLY	SOMETIMES	SELDOM	COMMENTS
Listens to and follows instructions				
Can recall past events, words to songs, rhymes				
Is attentive				
Completes tasks				
Works cooperatively				
Contributes to group discussion				
Works independently				
Is able to self-regulate				
Can identify numbers 1-10				
Respects classroom routines				

Emotional Development	USUALLY	SOMETIMES	SELDOM	COMMENTS
Cries/has temper tantrums when things do not go their way				
Gets upset when separated from Mom or Dad				

Physical Development	OUTSTANDING	AGE- APPROPRIATE	NEEDS DEVELOPMENT	COMMENTS
Small muscle control and coordination				
Large muscle control and coordination				
Speech development (articulation)				
Takes care of personal needs				
Can sit, listen and persist with an adult directed task for 15 minutes or longer				
Manages the use of scissors				

**PLEASE DESCRIBE THE CHILD'S DEVELOPMENT OF:**

Beginning reading skills: \_\_\_\_\_

Beginning math skills: \_\_\_\_\_

Have you ever observed any signs of learning disabilities/special needs?  Yes  No

Does this student receive any special accommodations?  Yes  No

If yes, please explain: \_\_\_\_\_

Parent involvement:  Much  Usually  Rarely  Not Involved

Parent Cooperation:  Very  Cooperative  Usually Cooperative  Not Cooperative

Please describe the child and include comments on his/her personality, maturity, confidence, assertiveness, humor and degree of independence. We welcome any other information that would be helpful. \_\_\_\_\_

Please check one of the following:  I highly recommend  I recommend with reservation

I recommend  I do not recommend

Please explain if you "recommend with reservation" or "do not recommend": \_\_\_\_\_

**TEACHER NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_