

# Teacher Recommendation

For Applicants to Grades Kindergarten -1st

**Candidate's Legal Name:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**TO THE PARENT/GUARDIAN:** *Please read and sign the following statement before giving this form to your child's teacher. I understand and agree that the information contained on this form will be used only in the selection of candidates for admission to Keystone School and will not become part of the applicant's permanent file. I also understand that the completed form will not be made available to me or anyone outside the Keystone School's admission committee. I waive any right to see it.*

\_\_\_\_\_  
*signature of parent/guardian*

\_\_\_\_\_  
*date*

The student named above is a candidate for admission to Keystone School. The school considers both a candidate's academic and personal qualities when making its admission decisions. The information you provide is confidential and will be used only in the selection of candidates. It will not become a part of the candidate's permanent file and will not be available to the candidate or to his/her parents.

**Please make the following ratings as realistic as you can:**

	Consistently	Often	Sometimes	Seldom	No Basis for Judgement	
<b>Academic Skill Development</b>						I recommend this candidate for an <b>accelerated</b> academic program:  <b>A. For academic promise:</b> <input type="checkbox"/> Enthusiastically <input type="checkbox"/> Strongly <input type="checkbox"/> Fairly strongly <input type="checkbox"/> Without enthusiasm <input type="checkbox"/> No  <b>B. For character and promise:</b> <input type="checkbox"/> Enthusiastically <input type="checkbox"/> Strongly <input type="checkbox"/> Fairly strongly <input type="checkbox"/> Without enthusiasm <input type="checkbox"/> No  <b>Would you be willing to be contacted further about the student's candidacy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Is attentive	<input type="checkbox"/>					
Listens in a group	<input type="checkbox"/>					
Contributes to group discussions	<input type="checkbox"/>					
Follows directions	<input type="checkbox"/>					
Works cooperatively	<input type="checkbox"/>					
Completes tasks	<input type="checkbox"/>					
Can focus on one task	<input type="checkbox"/>					
Respects classroom routines	<input type="checkbox"/>					
Works well independently	<input type="checkbox"/>					
Moves easily from one activity to another	<input type="checkbox"/>					
Responds positively to correction	<input type="checkbox"/>					
Is curious	<input type="checkbox"/>					
Is willing to try new activities	<input type="checkbox"/>					
Enjoys new challenges	<input type="checkbox"/>					
Exhibits problem-solving abilities	<input type="checkbox"/>					
Expresses Ideas well	<input type="checkbox"/>					
Shows accelerated academic ability	<input type="checkbox"/>					
<b>Physical Development</b>						
Small muscle control/coordination	<input type="checkbox"/>					
Large muscle control/coordination	<input type="checkbox"/>					
Speech development (articulation)	<input type="checkbox"/>					
<b>Social Development</b>						
Is supportive of peers	<input type="checkbox"/>					
Is comfortable with adults	<input type="checkbox"/>					
Plays alone happily	<input type="checkbox"/>					
Cooperates in play	<input type="checkbox"/>					
Dominates group discussion	<input type="checkbox"/>					
Shares well	<input type="checkbox"/>					
Initiates play activities	<input type="checkbox"/>					
Is imaginative	<input type="checkbox"/>					
Has the capacity to lead	<input type="checkbox"/>					
Has the capacity to follow	<input type="checkbox"/>					
Uses materials purposefully	<input type="checkbox"/>					
Works well with others	<input type="checkbox"/>					
Responsive to class rules	<input type="checkbox"/>					
Demonstrates self-discipline	<input type="checkbox"/>					
Demonstrates self-confidence	<input type="checkbox"/>					

Please provide comments on motivation, behavior, personality, strengths and weaknesses that you feel are pertinent to the student's potential performance at Keystone. If the student fails to satisfy some academic requirements, please explain in detail. You may attach a separate sheet.

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Please describe your interactions with the child's parents during the school year. Is the parent's perception of the applicant compatible with the school's understanding of the applicant?

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Please make any further comments you feel appropriate.

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Recommender's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_ street \_\_\_\_\_ city/state/zip

School Phone: (      ) \_\_\_\_\_ Email: \_\_\_\_\_

How many years have you been teaching? \_\_\_\_\_ How long have you known this student? \_\_\_\_\_

Which subject have you most recently taught the student? \_\_\_\_\_

*signature of teacher*

*date*

Please email all application materials to:

**Andrea Banks, Director of  
Enrollment Management:  
abanks@keystoneschool.org**