

INSTRUCTIONS TO PARENTS

Dear Parents: This form is to be completed by the applicant's **CURRENT** teacher. Please complete the information requested in the space below and give this form with the pre-addressed envelope to the appropriate person at your child's school.

Applicant's Name _____ Candidate for Grade _____

Teacher's Name _____

School's Name _____ Telephone Number (____) _____

This recommendation should not be completed before December 2016.

Please send directly to requesting School

A consortium of schools has developed this form to better allow an open exchange of information about the student whose name appears above. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We greatly appreciate you taking the time and effort to complete and return this form. Your insights and observations are important to all of us. Please know that the professional comments you share will be held in the strictest confidence and we thank you in advance for your assistance and cooperation.

| Social and Emotional Development | Mature | Age Appropriate | Needs Development | Immature |
|---|--------|-----------------|-------------------|----------|
| Listens | | | | |
| Cooperates | | | | |
| Relates to peers | | | | |
| Relates to adults | | | | |
| Exhibits self-confidence | | | | |
| Adjusts to transitions | | | | |
| Tolerates frustration | | | | |
| Separates from parents | | | | |
| Shares materials and possessions | | | | |
| Functions independently | | | | |
| Asks for help when needed | | | | |

Comments:

| Physical Development | Mature | Age Appropriate | Needs Development | Immature |
|---------------------------------------|--------|-----------------|-------------------|----------|
| Fine motor control | | | | |
| Gross motor control | | | | |
| Handedness established (specify hand) | Yes? | No? | | |

SCHOOL REQUESTING INFORMATION: Wise School

| Cognitive Development | Mature | Age Appropriate | Needs Development | Immature |
|--------------------------------------|--------|-----------------|-------------------|----------|
| Expresses ideas orally | | | | |
| Articulates clearly | | | | |
| Sustains attention in small groups | | | | |
| Sustains attention in large groups | | | | |
| Grasps concepts | | | | |
| Recalls details | | | | |
| Demonstrates an interest in learning | | | | |
| Interacts with materials | | | | |
| Follows directions | | | | |

Do you feel that this child is ready for a full-time developmental Kindergarten program? Yes No

Comments:

How would you describe this child?

| Family Information | Consistently | Usually | Sometimes | Never |
|--|--------------|---------|-----------|-------|
| Communicates openly with the school | | | | |
| Participates in school activities | | | | |
| Cooperates with classroom teachers | | | | |
| Cooperates with administration | | | | |
| Follows the rules and policies of the school | | | | |
| Has realistic expectations for their child | | | | |
| Meets financial obligations in a timely manner | | | | |

How would you describe this family?

Signature: _____ Type or print name: _____

Title or position: _____

How long have you known this child? _____ Telephone: _____

First date of child's enrollment in your school: _____ Today's date: _____

Check here if you would like us to call you to discuss this student in greater detail