

Preschool through Kindergarten Confidential Recommendation

TO THE PARENT / GUARDIAN

Please complete the following information before giving it to your child's current Pre-K Teacher/Director. Provide the recommender a list of schools and email addresses to which to send this recommendation or instructions for how to upload this recommendation to each school's online application system.

Name of Applicant	Applicant for	Grade in Fall	2026	
Current Preschool/School Name				
Address				
City S		Zip		
For the student name above, I waive my rights to read or seek ac	ccess to this Confidential R	ecommendation now	or in the future.	
Parent/Guardian Authorization Signature		Date		
TO THE PRESCHOOL / PRE-K TEACHER / DIRECTOR The Los Angeles Area Independent Schools consortium — https common form to better allow an open exchange of information al this evaluation is extremely helpful. It is important to all of us that the student and the family. We greatly appreciate your time and e information about any legally protected statuses of the applicant, gender identity, gender expression, and sexual orientation. Your	pout the student whose nare the child's next school plate effort to complete and retur including but not limited to	ne appears above. You cement be an approp on this form. Please do race, ethnicity, nation	our completion of oriate one for both o not include nal origin, disability,	
Please know that the professional comments you share will be he and we thank you in advance for your assistance and cooperatio		ent legally and reaso	nably possible	
Please complete this form after November 1, 2025, but no late To protect the integrity of this recommendation, be sure to save to		ubmitting to schools.		
Name of Teacher or Director	Signature			
School & Title		Today's date_		
Email address	Phone number			
First date of child's enrollment in your school	How long have you known this child?			
Days and times this child attends school (ex. M–F, 9am–3:30pm)				
Number of students in this child's classroom	Student:Teacher ratio in	this child's classroom	1	
Which program best describes this child's current classroom?	□ Preschool	□ TK/DK/Pre-K	□ Kindergarten	
Which program do you feel this child will be ready for in the Fall of	of 2025? □ TK/DK/Pre-K	□ Kindergarten	□ Other	

 $\ ^{\square}$ Check here if you would like us to call you to discuss this student in greater detail.

Your judgments are used solely for the admissions process.

SOCIAL-EMOTIONAL DEVELOPMENT	CONSISTENTLY	USUALLY	WITH MINIMAL SUPPORT	REQUIRES TEACHER SUPPORT
Self-regulates	\circ	\circ	\circ	0
Transitions easily	\circ	\circ	\circ	\circ
Works cooperatively with peers	\circ	\circ	\circ	\circ
Works cooperatively with teachers	\circ	\circ	\circ	\circ
Separates from parents/guardians/caregivers	\circ	\circ	\circ	\circ
Able to identify feelings	\circ	\circ	0	0
Shows empathy	\circ	\circ	0	0
Tolerates frustration	\circ	\circ	0	0
Ability to bounce back from set-backs (resilience)	\circ	\circ	0	0
Exhibits self-control	\circ	\circ	0	0
Understands and takes responsibility for one's action	s O	\circ	\circ	\circ
Is able to be reflective/engages in conflict resolution	\circ	\circ	\circ	\circ
Can understand and solve problems	\circ	\circ	\circ	\circ
Ability to lead	\circ	\circ	\circ	0
Ability to follow	\circ	\circ	\circ	0
Sense of humor	\circ	\circ	\circ	\circ
Shows kindness to others	\circ	\circ	\circ	0
Has healthy peer relations	\circ	\circ	\circ	0
Able to consider other perspectives/points of view	\circ	\circ	\circ	0
Is open to new ideas/adapts/integrates/builds on	\circ	\circ	\circ	\circ
Takes appropriate risks	\circ	\circ	\circ	0
Functions independently (toileting, washing hands) accessing lunch, eating, cleanup)	0	0	0	0

PHYSICAL DEVELOPMENT	CONSISTENTLY	USUALLY	WITH MINIMAL SUPPORT	REQUIRES TEACHER SUPPORT
Fine motor control	\circ	\circ	0	0
Gross motor control	0	\circ	0	0
Balance and coordination	0	\circ	0	0
Hand-Eye coordination	0	\circ	\circ	0
Has spatial awareness? (self)	○ YES	\bigcirc NO		
Has spatial awareness? (In relation to others)	○ YES	\bigcirc NO		
Handedness established?	CLEFT	○ RIGHT	○ NO	
COGNITIVE DEVELOPMENT	CONSISTENTLY	USUALLY	WITH MINIMAL SUPPORT	REQUIRES TEACHER SUPPORT
Able to stay on topic	0	0	\circ	0
Articulates clearly	0	0	\circ	0
Expresses ideas and feelings orally	0	0	\circ	0
Sustains attention in small groups	0	0	\circ	0
Sustains attention in large groups	0	0	\circ	0
Follows multi-step directions	0	0	\circ	0
Shows effort and doesn't give up	\circ	\circ	\circ	0
Uses materials appropriately	\circ	\circ	\circ	0
Grasps concepts presented	\circ	\circ	\circ	0
Recalls details	\circ	\circ	0	0
Recognizes numbers and letters	\circ	\circ	0	0
Open to trying new things	0	\circ	0	0
Flexible thinking	\circ	\circ	0	0
Comments (optional)				

L

We understand that children	en develop in differen	t ways. In think	ing about this	s child at this m	oment, please o	describe
this child in three words:						
and/or please feel free to c	check any adjectives f	rom the list bel	ow:			
□ Adaptable	□ Curious	□ High energy		□ Polite		
□ Affectionate	□ Enthusiastic	□ Introverted		□ Quiet		
□ Agreeable	□ Even-tempered	□ Joyful		□ Reserved		
□ Attentive	□ Extroverted	□ Low energy		□ Sophisticated		
□ Cautious	□ Firm	□ Outgoing		□ Talkative		
□ Center of attention	□ Fun	□ Persistent		□ Timid		
FAMILY INFORMATION		CONSISTENTLY	USUALLY	SOMETIMES	RARELY	N/A
Has reasonable expectations	s of the school	\circ	0	0	\circ	\circ
Has reasonable expectations of their child		\circ	0	\circ	0	\circ
Follows the rules and policies of the school		\circ	\circ	\circ	\circ	\circ
Cooperates with teachers		\circ	\circ	\circ	\circ	\circ
Cooperates with administrati	on	\circ	\circ	\circ	\circ	\circ
Participates in school activiti	es	0	0	0	\circ	0
Is well-regarded by other par	rents in the community	\circ	0	\circ	\circ	\circ
Has healthy boundaries		\circ	0	\circ	\circ	\circ
Meets financial obligations in	a timely manner	\circ	0	\circ	\circ	\circ
Comments (optional)						
To the best of your ability,	please describe the fa	amily's parentir	ng style:			