



Scotfield Christian School
CONFIDENTIAL TEACHER RECOMMENDATION FORM
Pre-Kindergarten, Kindergarten, First Grade

To the Parent/Guardian: Please have the teacher complete and return this form directly to
 ADMISSIONS, Scotfield Christian School, 7730 Abrams Road, Dallas, Texas, 75231

Applicant's Name _____

Date of Birth _____^{Last} _____^{First} _____^{Middle} Candidate for Grade Level _____ School Year _____

Please assess the above named student as compared with peers at current school.

Social/Emotional Development	Superior	Good	Average	Below Average	Poor
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to complete tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers towards child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is confident	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Child has a sense of humor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Accepts consequences of own behavior	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Responds to teacher direction	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

School Performance

Language Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is English his/her primary language?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Completes tasks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Aesthetic development – shows interest as follows:

Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dramatic Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical development

Fine motor coordination (e.g., cutting, drawing, block building, handling manipulatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large motor coordination (e.g. running, skipping, climbing, jumping, kicking, throwing a ball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prediction of applicant's success at next grade level at present school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please make a short comment on the following:

1. Applicant's social and/or emotional development as compared with that of others of the same chronological age:

2. Limitations, disabilities or special needs (including amount of teacher time required):

3. Has outside help been given? Yes No
If so, by whom and please comment on improvement noted.

4. Student's greatest strengths:

5. Parental expectations, support and attitude toward child:

6. Parental expectations and support of school:

7. Special comments (please attach additional sheet if necessary):

Is this child eligible to return to your school? Yes No

This student has been enrolled in this school for _____ years.

I have known him/her for _____ years.

_____	_____	_____
Teacher's Name	Position	Date
_____	_____	
School Name	Phone	
_____	_____	_____
School Address	City, State	Zip code