



TEACHER RECOMMENDATION FORM

(Kindergarten applicants only)

Parents, please complete the top portion of this form and give to your child's current teacher with a stamped envelope addressed to Notre Dame Academy.

Student Name _____ Grade _____

School Name _____

Classroom Teacher: Thank you for taking the time to complete this evaluation. Your observations are an important part of this student's application and all information will be kept strictly confidential.

Please check all terms that are TYPICAL of this student and comment if needed:

Social Development:

- | | | |
|--|---|--|
| <input type="checkbox"/> Plays with others | <input type="checkbox"/> Initiates activity | <input type="checkbox"/> Exhibits independence |
| <input type="checkbox"/> Plays alone | <input type="checkbox"/> Stands up for rights | <input type="checkbox"/> Follows rules |
| <input type="checkbox"/> Takes the lead | <input type="checkbox"/> Shares | <input type="checkbox"/> Follows others |

Emotional Development:

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Confident | <input type="checkbox"/> Adaptable |
| <input type="checkbox"/> Controlled | <input type="checkbox"/> Receptive | <input type="checkbox"/> Hostile |
| <input type="checkbox"/> Content | <input type="checkbox"/> Even-tempered | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Shy/reserved | <input type="checkbox"/> Aggressive |

Work Habits:

- | | | |
|--|--|--|
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Focuses | <input type="checkbox"/> Completes tasks |
| <input type="checkbox"/> Works in a group | <input type="checkbox"/> Listens attentively | <input type="checkbox"/> Is persistent |
| <input type="checkbox"/> Transitions Easily | <input type="checkbox"/> Organizes | <input type="checkbox"/> Is distractible |

Non-verbal development:

- | | | |
|---|---|---|
| <input type="checkbox"/> Recognizes patterns | <input type="checkbox"/> Attention to details | <input type="checkbox"/> Visual sequencing |
| <input type="checkbox"/> Interest in puzzles | <input type="checkbox"/> Spatial awareness | <input type="checkbox"/> Draws self portrait |
| <input type="checkbox"/> Interest in building | <input type="checkbox"/> Can classify | <input type="checkbox"/> Left-right orientation/awareness |

Please comment on this student's academic strengths and weaknesses:

How would you characterize this student's social interactions with his/her peers?

Social/Emotional	Excellent	Above Average	Average	Below Average
Interaction with adults				
Interaction with peers				
Eye contact when speaking to others				
Play behavior				
Social Problem Solving				
Self-confidence				
Self-control				
Language/Communication				
Speaks in complete sentences				
Written expression (pictures/words/sentences)				
Uses appropriate vocabulary				
Articulates words				
Follows directions				
Sequences events				
Responds appropriately during group activities				
Physical Development				
Gross Motor				
Fine Motor				
Attitude Toward School				
Curiosity				
Responds well to correction				
Observant				
Creative				

Comments on above: _____

Please list any special accommodations given to this student: _____

Please list any previous educational/psychological tests administered to applicant: _____

Is a second language spoken in the home of this student? _____

Please check those parental support terms that are typical:

- Are cooperative Follow through with suggestions
 Value child's uniqueness Have realistic picture of child's ability

Teacher Name _____ Date _____

Teacher or Director Signature _____

Please return to:
 Notre Dame Academy Admissions Office
 4635 River Green Parkway Duluth, GA 30096