

Epworth Preschool

3002 Hope Valley Road Durham, NC 27707 Tel: (919) 489-6098

TEACHER RECOMMENDATION FORM FOR TRANSITIONAL PRE-K

This form must be completed by the current year's teacher and returned to the address above.

Child's Name _____ Date of Birth: _____
Teacher's Name _____
Name of Preschool _____ School Phone # _____
School Address _____

Please mark each of the criteria with 1-4 using the following scale:

1. Area of Concern 2. Needs Development 3. Age Appropriate 4. Exceeds Age Expectation

Social/Emotional Development:

Accepts and follows school routines _____
Initiates interactions with others _____
Takes turns and shares appropriately for age _____
Is usually happy & shows positive self-concept _____
Shows feelings of security and self-confidence _____
Participates in large group activities _____
Has positive relationship with teachers _____
Has positive relationship with peers _____
Ability to speak directly to peers or teachers to communicate
without adult assistance _____
Generally responsible for self _____
Adjusts to changes in routine _____
Receives and returns affection _____
Exhibits self-control when frustrated _____
Resolves problems without physical aggression _____
Is courteous and respects rights of others _____
Additional Comments:

Cognitive Development:

Is curious and can ask questions _____
Uses language to serve his/her purposes _____
Speaks clearly with age-appropriate vocabulary _____
Speaks in complete sentences _____
Takes part and contributes in class discussions _____
Exhibits age-appropriate attention & interest span _____
Demonstrates genuine interest in letters and numbers _____
Grasps concepts readily _____
Listens Attentively _____
Follows Directions _____

Utilizes free-choice time appropriately _____
 Can label objects _____
 Knows colors & shapes _____
 Recognizes own name in print _____
 Recognizes letters of alphabet _____
 Recognizes numbers _____
 Can print name _____
 Can count to _____
Additional Comments: _____

Physical Development:

Can dress his or herself independently _____
 Can take care of own toileting needs _____
 Can button, snap and zip independently _____
 Exhibits fine motor control _____
 Uses proper grip with writing implements _____
 Has _____ hand dominance _____
 Cuts on line with scissors _____
 Shows confidence in trying new things _____
 Runs, jumps, and climbs with success _____
 Uses alternating feet when climbing stairs _____
 Able to throw, catch and bounce a ball _____
Additional Comments: _____

Work Habits:

Listens Carefully _____
 Follows Directions _____
 Works well independently _____
 Seeks help when needed _____
 Willingly assists with classroom chores _____
 Takes self-initiative in completing work _____
Additional Comments: _____

For how long and in what capacity have you known this child?

Please provide any further information about this child that you think would be helpful. Your comments on this form and in any subsequent conversations will be kept confidential. *Thank you for completing this form.*