

KINDERGARTEN TEACHER RECOMMENDATION FORM FOR THE CORNERSTONE ACADEMY

Instructions for Applicants

Please print applicant's name and school below. Parent signatures acknowledge Cornerstone's expectation that the recommendation forms will be given to current teachers, filled out confidentially and returned directly to Cornerstone Academy. Give this form, along with a return envelope, to the applicant's current preschool.

Applicant's Name: _____ Applicant's School: _____

Parent's Signature: _____

Instructions to Teacher

This student is a candidate for admission to the Kindergarten Program at the Cornerstone Academy. Please complete both sides of this form and return it in the envelope provided or directly to: Cornerstone Academy, 5 Oak Avenue, Northborough, MA 01532. This evaluation provides one way of getting to know the applicant's strengths and areas of challenge. It is reviewed with the full awareness that young people are constantly changing and developing. Thank you for your time and input!

Please answer the following questions with regard to the applicant's experience in your program.

Days per week enrolled: _____ Hours Per Day: _____ Size of Group: _____ Age Range: _____

Social Development	Strength	Age Appropriate	Needs Development	Comments
Can be a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is supportive of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays alone happily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits appropriate sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Physical Development	Strength	Age Appropriate	Needs Development	Comments
Small muscle control and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please identify any special needs, including auditory and visual development: _____

Skills Development	Strength	Age Appropriate	Needs Development	Comments
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contributes to group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates ability to focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repeats classroom routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moves easily from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you believe this applicant will be ready to begin a full day Kindergarten program in September?

Please comment on parental cooperation and involvement with the school:

Please list the first adjectives or phrases that come to mind to describe the applicant:

We welcome any other information that you think might be helpful. Please include comments concerning strengths, weaknesses, health, or any special needs or concerns related to this child and/or family. Please use a separate piece of paper for any additional comments in any category.

Name: _____ School: _____

Position/Title: _____ School Address: _____

I have known this child: _____ Years _____ Months

Date: _____ Telephone: _____

If available, please send a copy of your schools mission statement or any other available descriptive information along with this recommendation form. Please return to: Cornerstone Academy, Karen McQuade, Director, 5 Oak Avenue, Northborough, MA 01532.

For more information on us, please visit our website at: www.cornerstoneacademy.org.