**EARLY CHILDHOOD TEACHER RECOMMENDATION**



Phone: 734-459-3505

**FAX: 734-459-5455**

**Elementary**

Sarah Jayne Gach, Principal

Sharon Hay, Early Childhood Coordinator

**Young 5s & Kindergarten Students**

A Ministry of Calvary Baptist Church 43065 Joy Road

Canton, MI 48187

 **Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applying for Kindergarten or Young 5s**

 *(circle one)*

**Parent or Guardian**: Please write your student’s name in the space above. Please read and sign the following before giving this form to your student’s teacher. *(Advise them to* ***return it to*** ***Admissions@plymouthchristian.org*** ***or fax)***

I understand and agree that the information contained on this recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate’s permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone outside of the Admissions committee, and I hereby waive any right that I may have to see it.

***This student’s application is not complete until this form is received in the Admissions Office.***

Parent/Guardian Signature: Date:

**Teacher:** Please complete this form and return it ***WITHIN ONE WEEK.*** As a current teacher, please evaluate the candidate based on your direct knowledge of him or her. Keep in mind that the applicant should be evaluated according to others of the same chronological age. The members of the Admissions Committee thank you for your interest, cooperation, and honesty. Please check the appropriate boxes and include comments.

**Your comments will be held in strict confidence**.

***This student’s application is not complete until this form is received in the Admissions Office.***

**SOCIAL SKILLS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Below DevelopmentalExpectations* | *Approaching DevelopmentalExpectations* | *Meeting Developmental**Expectations* | *Exceeding**Developmental**Expectations* |
| Separates from parent / caregiver |  |  |  |  |
| Communicates ideas, needs, & feeling appropriately |  |  |  |  |
| Demonstrates the capacity to form friendships |  |  |  |  |
| Demonstrates the ability to share  |  |  |  |  |
| Understand & follows social cues |  |  |  |  |
| Participates in group activities |  |  |  |  |
| Accepts limits & redirection |  |  |  |  |
| Seeks help when needed |  |  |  |  |
| Tolerates frustration |  |  |  |  |
| Uses classroom materials appropriately |  |  |  |  |
| Demonstrates an appropriate attention span |  |  |  |  |
| Can resolve conflict without an adult |  |  |  |  |
| Demonstrates self-control in class |  |  |  |  |
| Follows classroom routines |  |  |  |  |
| Plays & works well with others |  |  |  |  |

**SKILL READINESS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Below Developmental**Expectations* | *Approaching DevelopmentalExpectations* | *Meeting Developmental**Expectations* | *Exceeding**Developmental**Expectations* |
| Recognizes letters in the alphabet |  |  |  |  |
| Counts to 20 |  |  |  |  |
| Counts 10 objects |  |  |  |  |
| Identifies basic shapes |  |  |  |  |
| Identifies basic colors |  |  |  |  |
| Recognizes own name |  |  |  |  |
| Prints own name |  |  |  |  |
| Holds & cuts with scissors correctly |  |  |  |  |
| Holds crayon / pencil correctly |  |  |  |  |
| Follows multi-step directions |  |  |  |  |
| Follows conversations and responds appropriately |  |  |  |  |
| Speaks in sentences |  |  |  |  |

**SPECIAL SERVICES**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Has the child received or been recommended to receive special services in……*** | *Received* | *Recommended* | *No* |
| Speech & Language |  |  |  |
| OT or PT |  |  |  |
| Applied Behavioral Analysis |  |  |  |
| Counseling |  |  |  |

# Circle the words that best describe this applicant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Aggressive | Honest | Immature | Disobedient | Friendly |
| Kind | Oppositional | Cheerful | Cooperative | Leader |
| Over-protected | Joyful | Irritable | Self-centered |  Follower |
| Reserved | Confident | Responsible | Easily discouraged |  Distracted |
| Helpful | Spirited | Empathetic | Anxious |  |

Is the student habitually tardy or absent? No Yes…please elaborate:

**CHECK ONE:** Highly recommend Recommend Recommend with reservation Do not recommend

**COMMENTS:** Please comment below with any additional information regarding this candidate and/or the candidate’s family that will be helpful to the PCA Admissions Committee in evaluating his/her application.

***Please call me for additional information regarding this applicant***

Signature of Teacher: Date: Name of School: Phone: School Address: City/Zip:

Teacher’s E-mail:

Regarding Parental Involvement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Consistently* | *Usually* | *Sometimes* | *Seldom* | *Not Observed* |
| Participates in school activities |  |  |  |  |  |
| Supports school policies and procedures |  |  |  |  |  |