

**TEACHER RECOMMENDATION FORM**

**To the parent: Please complete the following portion of this form before giving it to your child's teacher.**

Student's First Name (Preferred Name) Middle Last

School Name

School Street Address City State Zip Code

( ) School Telephone Name of Teacher Completing Recommendation

**To the teacher: Please fill out both pages of this form so that we have complete information. Your observations and comments will be kept strictly confidential. Your perspective and contribution to this process are greatly appreciated!**

Social and Emotional Development	Exceptional	Age Appropriate	Developing	Below Expectations	Comments
Listens					
Cooperates					
Relates to peers					
Relates to adults					
Exhibits self-confidence					
Adjusts to transitions					
Tolerates frustration					
Separates from parents					
Shares materials and possessions					
Functions independently					

**Additional Comments:**

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**TEACHER RECOMMENDATION FORM (Continued)**

<b>Physical Development</b>	<b>Exceptional</b>	<b>Age Appropriate</b>	<b>Developing</b>	<b>Below Expectations</b>	<b>Comments</b>
Fine motor control					
Gross motor control					

**Additional Comments:**

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<b>Cognitive Development</b>	<b>Exceptional</b>	<b>Age Appropriate</b>	<b>Developing</b>	<b>Below Expectations</b>	<b>Comments</b>
Expresses ideas orally					
Articulates clearly					
Sustains attention in small groups					
Sustains attention in large groups					
Grasps concepts					
Recalls details					
Tolerates frustration					
Demonstrates interest in learning					
Interacts with materials					
Follows directions					

**Additional Comments:**

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**TEACHER RECOMMENDATION FORM (Continued)**

List as many adjectives as you can that describe this child's strengths:

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Describe in detail any areas (academic, social and/or personal) where this child needs focused support:

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	Consistently	Usually	Sometimes	Rarely	Comments
<b>Family Information</b>					
Communicates openly with school					
Participates in school activities					
Cooperates with classroom teacher(s)					
Cooperates with administration					
Follows school rules and policies					
Has realistic expectations of their child					

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

How long have you known this child? \_\_\_\_\_

How long has this child been enrolled in your school? \_\_\_\_\_ Today's Date: \_\_\_\_\_

Thank you for taking the time to provide this information.