



# Confidential Teacher Recommendation

## PK3, PK4, Kindergarten

# ST. LUKE'S EPISCOPAL SCHOOL

Name of Applicant \_\_\_\_\_

Applicant For Grade \_\_\_\_\_

### Parent or Guardian

**Parent or Guardian: Please write your child's name in the space above and read and sign the following before giving this to your child's teacher. Please include an addressed/stamped envelope.**

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please send this recommendation to Director of Admission ■ St. Luke's Episcopal School ■ 15 St. Luke's Lane ■ San Antonio ■ TX ■ 78209.

### Teacher

**Teacher: Please complete this confidential form and return it in the enclosed envelope.**

This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files. Thank you for your cooperation and honesty. **The child's application cannot be processed until this form is received in the Admission Office.**

### Academic Skills

Ratings	Area of strength	Age Appropriate	Progressing	Area of concern	Comments
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with teachers/other adults					
Uses words to communicate feelings					
Follows classroom routine					
Separation from parents/caregivers					
Ability to share and work cooperatively					
Ability to wait turn					
Respect for property, personal and others					
Accepts responsibility for actions					
Sense of humor					
Curiosity					
Attention span- self chosen activity					
Attention span- assigned activity					
Cooperative attitude					
Leadership skills					
Makes transitions easily					
Ability to focus in large group					
Ability to focus in small group					

Name of Applicant \_\_\_\_\_

Applicant For Grade \_\_\_\_\_

Usually chooses to work in: large group \_\_\_\_\_ small group \_\_\_\_\_ alone \_\_\_\_\_  
 Usually takes the role of: leader \_\_\_\_\_ follower \_\_\_\_\_ varies \_\_\_\_\_  
 Hand dominance: right \_\_\_\_\_ left \_\_\_\_\_ not yet established \_\_\_\_\_

Describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern? \_\_\_\_\_

**Physical Development**

Ratings	Area of strength	Age appropriate	Progressing	Area of Concern	Comments
Fine motor coordination ( lacing, puzzles, etc.)					
Draws with details					
Uses appropriate pencil grip					
Gross motor coordination					
Body/space awareness					
Balance, gait, fluidity, smoothness of movement					
Participates in physical group activity					

- Please describe any notable physical strengths or weaknesses: visual and/or auditory.  
\_\_\_\_\_
- Is applicant habitually tardy or absent? Yes  No   
If yes, please explain. \_\_\_\_\_
- Are there any aspects of the child's physical development or stamina which might limit full participation in a school's program?  
If so, how does the child deal with them? \_\_\_\_\_

**Check the words that best describe this applicant.**

- |                                      |   |  |   |                                       |
|--------------------------------------|---|--|---|---------------------------------------|
| <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Immature        | <input type="checkbox"/> Oppositional     | <input type="checkbox"/> Shy          |
| <input type="checkbox"/> Anxious     | <input type="checkbox"/> Flexible           | <input type="checkbox"/> Irritable       | <input type="checkbox"/> Over-protected   | <input type="checkbox"/> Self-reliant |
| <input type="checkbox"/> Cheerful    | <input type="checkbox"/> Follower           | <input type="checkbox"/> Impulsive       | <input type="checkbox"/> Perfectionist    | <input type="checkbox"/> Spirited     |
| <input type="checkbox"/> Confident   | <input type="checkbox"/> Helpful            | <input type="checkbox"/> Manipulative    | <input type="checkbox"/> Positive leader  | <input type="checkbox"/> Well-liked   |
| <input type="checkbox"/> Disobedient | <input type="checkbox"/> Honest             | <input type="checkbox"/> Negative leader | <input type="checkbox"/> Self-disciplined | <input type="checkbox"/> Witty        |

- Is there anything regarding the applicant that would be helpful for the Admissions Committee to know?  
\_\_\_\_\_
- Is there anything regarding the family that would be helpful for the Admissions Committee to know?  
\_\_\_\_\_

**Teacher**

Signature of Teacher: _____	Date: _____
Print Name: _____	Telephone: _____
Name of School: _____	Fax: _____
School Address: _____	How long have you known this applicant? _____
What level or subjects have you taught this applicant? _____	