



# TEACHER/CAREGIVER RECOMMENDATION FORM

## PRE K-3, PRE K-4 AND KINDERGARTEN

Parents: Please fill out the first section and deliver this form to your child's teacher or if there is no teacher, a caregiver (babysitter, Sunday School teacher, etc.) and provide him or her an addressed and stamped envelope to Redeemer Episcopal Academy 680 Old Phoenix Rd., Eatonton, GA 31024. The teacher/caregiver will mail this form directly to us. The deadline to submit this form is Jan. 7, 2008.

### PARENT SECTION

Applicant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First M.I. Month/Day/Year

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Applying for grade \_\_\_\_\_

Applicant's Current School \_\_\_\_\_

Current School Address \_\_\_\_\_  
Street or P.O. Box City State Zip Code

By submitting this evaluation form and in consideration of having this evaluation and your application considered by Redeemer Episcopal Academy, you hereby release the school, its employees and representatives, the evaluator, and the evaluator's employer from any and all claims and liability that may arise from providing, obtaining or using the form and the substance of the information provided by the evaluator. All information provided on the evaluation form will be held in strictest confidence and will not be shared with students, parents, or guardians. This will remain confidential and will not become a part of the student's permanent academic record.

Signature Of Parent Or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### TEACHER/CAREGIVER EVALUATION SECTION

Evaluator, please fill out the following, and if you would like to provide additional information, please do so in the Comments section. (Example: How long and in what capacity have you known the student?)

#### SOCIAL DEVELOPMENT Please check all that are typical

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Plays with others | <input type="checkbox"/> Initiates activity   | <input type="checkbox"/> Exhibits independence | <input type="checkbox"/> Responds positively to correction |
| <input type="checkbox"/> Plays alone       | <input type="checkbox"/> Stands up for rights | <input type="checkbox"/> Follows rules         |  |
| <input type="checkbox"/> Takes the lead    | <input type="checkbox"/> Shares               | <input type="checkbox"/> Follows others        |  |

#### EMOTIONAL DEVELOPMENT Please check all that are typical

- |                                     |  |                                    |                                     |
|-------------------------------------|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Happy      | <input type="checkbox"/> Confident     | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Angry      |
| <input type="checkbox"/> Controlled | <input type="checkbox"/> Receptive     | <input type="checkbox"/> Hostile   | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Content    | <input type="checkbox"/> Even-tempered | <input type="checkbox"/> Nervous   |                                     |
| <input type="checkbox"/> Flexible   | <input type="checkbox"/> Shy/Reserved  | <input type="checkbox"/> Withdrawn |                                     |

#### WORK HABITS Please check all that are typical

- |                                     |  |                                    |                                     |
|-------------------------------------|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Happy      | <input type="checkbox"/> Confident     | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Angry      |
| <input type="checkbox"/> Controlled | <input type="checkbox"/> Receptive     | <input type="checkbox"/> Hostile   | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Content    | <input type="checkbox"/> Even-tempered | <input type="checkbox"/> Nervous   |                                     |
| <input type="checkbox"/> Flexible   | <input type="checkbox"/> Shy/Reserved  | <input type="checkbox"/> Withdrawn |                                     |

#### NON-VERBAL DEVELOPMENT Please check all that are typical

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Recognition of patterns | <input type="checkbox"/> Attention to details | <input type="checkbox"/> Visual sequencing   | <input type="checkbox"/> Left/Right orientation/awareness |
| <input type="checkbox"/> Interest in puzzles     | <input type="checkbox"/> Spatial awareness    | <input type="checkbox"/> Draws self-portrait |   |
| <input type="checkbox"/> Interest in building    | <input type="checkbox"/> Can classify         |  |   |

Please Comment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL/EMOTIONAL DEVELOPMENT**

- |  |                                    |  |                                  |  |  |
|--|------------------------------------|--|----------------------------------|--|--|
| Interaction with adults                | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Interaction with peers                 | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Eye contact when speaking<br>to others | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Play behavior                          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Social problem solving                 | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Self-confidence                        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Self-control                           | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |

**LANGUAGE/COMMUNICATION SKILLS**

- |   |                                    |  |                                  |  |  |
|---|------------------------------------|--|----------------------------------|--|--|
| Speaks in complete sentences                      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Writes in complete sentences                      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Uses appropriate vocabulary                       | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Articulates words                                 | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Follows directions                                | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Sequences events                                  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Responds appropriately<br>during group activities | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |

**PHYSICAL DEVELOPMENT**

- |  |                                    |  |                                  |  |  |
|--|------------------------------------|--|----------------------------------|--|--|
| Gross Motor (balance, movement<br>through space, etc.)                             | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Fine Motor (hand-eye coordination,<br>zips, buttons, stacks,<br>cuts, grips, etc.) | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |

**ATTITUDE TOWARD SCHOOL**

- |                                   |                                    |  |                                  |  |  |
|-----------------------------------|------------------------------------|--|----------------------------------|--|--|
| Eager/Curious about Learning      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Responds positively to correction | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Observant                         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |
| Creative                          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> No basis for judgment |

**PARENTAL SUPPORT** *Please check all that are typical of parents/guardians*

- |  |  |
|--|--|
| <input type="checkbox"/> Are cooperative                                   | <input type="checkbox"/> Follow through with suggestions             |
| <input type="checkbox"/> Are appropriately interested in child's education | <input type="checkbox"/> Have realistic picture of child's abilities |
| <input type="checkbox"/> Value child's uniqueness                          |  |

Areas where child excels \_\_\_\_\_

Areas where the child has greatest needs \_\_\_\_\_

Are absences excessive? \_\_\_\_\_ Are tardies excessive? \_\_\_\_\_ If yes to either, please comment \_\_\_\_\_

Has the applicant ever been the recipient of a special services program, i.e. gifted, learning disability resources, speech therapy, etc.? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Thank you for your time and evaluation. May we contact you if we have questions? Phone: \_\_\_\_\_  
 Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_