



Christian Heritage School

575 White Plains Road Trumbull, CT 06611-4858
Tel 203.261.6230 Fax 203.452.1531 www.kingsmen.org

Teacher Recommendation

Applicants for K – 1st Grade

Applicant Information:

Student's name _____ Date of birth _____

Current School _____ Current Grade _____

Parent/Guardian Authorization:

I acknowledge that I waive my right to read the confidential teacher recommendation for the student listed above. I understand and agree that the information contained on this form is confidential and will not become part of the applicant's permanent file.

Parent/Guardian Signature _____ Date _____

To the Teacher, Principal, or Director:

This form is part of an admission application. It will remain confidential and will not become part of the student's permanent record. The school would appreciate your candid assessment of the applicant's abilities. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing, and developing. This form is only one piece of the student's profile to be used in our assessment process. Thank you for your thoughtful attention to this request.

How well do you know the student academically? _____

How well do you know the student as a person? _____

In what year(s) did you teach the student? _____ What was the class size? _____

Social Development

	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					
Uses words to express feelings					
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					
Makes transitions easily					
Ability to focus in a large group					
Ability to focus in a small group					

Name of Student _____

Physical Development

	Area of Strength	Age Appropriate	Progressing	Area of Concern	Comments
Fine motor coordination					
Draws with details					
Uses appropriate pencil grip					
Gross motor coordination					
Body/space awareness					
Balance, gait, fluidity, movement					
Participates in physical group activities					

Please check the word(s) that best describe this applicant:

- | | | | |
|-------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Defiant | <input type="checkbox"/> Flexible | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Articulate | <input type="checkbox"/> Detached | <input type="checkbox"/> Good natured | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Determined | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Observer | <input type="checkbox"/> Slow to warm up |
| <input type="checkbox"/> Courteous | <input type="checkbox"/> Enthusiastic about learning | <input type="checkbox"/> Oppositional | <input type="checkbox"/> Spirited |

Describe any notable social or emotional areas of strength or weakness. _____

Is the parents' perception of their child compatible with the school's understanding of the child? _____

Please add any additional information that will give us a more complete picture of the student. _____

Has this student ever been referred for or received special education or an IEP/504 Plan? If yes, please explain _____

This applicant is: Strongly recommended Recommended Recommended with reservation Not recommended

I would... like to be willing to not be willing to ... discuss this applicant by telephone.

Name (please print) _____ Position _____

School name _____ Email _____

Phone number _____

Signature of Teacher _____ Date _____

Thank you for your assistance and for your valuable time in completing this form! Please return form directly to CHS:

Christian Heritage School, Admissions Office
575 White Plains Road, Trumbull, CT 06611-4858

Email: admissions@kingsmen.org Fax: 203-452-1531

