



# SPRINGFIELD CHRISTIAN SCHOOL

## Confidential Teacher Recommendation Form for Kindergarten

NAME OF STUDENT \_\_\_\_\_ APPLYING FOR KINDERGARTEN.

**To the parent/guardian:** At SCS we believe children matter, and that they were created on purpose and for a purpose. To honor God in the way we serve your student at SCS, we desire to learn as much about them as possible prior to their starting at SCS.

**Please submit this form to a teacher or director of the preschool/center your child currently attends.**

We authorize \_\_\_\_\_ (preschool/center name) to release my child's records, evaluative data, and the information on this form to Springfield Christian School. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent school record.

Name of student's parent/guardian (please print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of student's parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**To the person completing this form:** Please complete both sides of this form and fax it to 217.698.1931 or email a scan or PDF of it to [Admissions@SCS.School](mailto:Admissions@SCS.School). Your comments will be held in strictest confidence. Thank you for your assistance!

<input type="checkbox"/> Enjoys large motor activities	<input type="checkbox"/> Enjoys small motor activities	<input type="checkbox"/> Positive member of the classroom
<input type="checkbox"/> Responsive to classroom limits	<input type="checkbox"/> Responsive to teacher directions	<input type="checkbox"/> Slow to warm up
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Resilient	<input type="checkbox"/> Short tempered
<input type="checkbox"/> Confident	<input type="checkbox"/> Observer	<input type="checkbox"/> Patient
<input type="checkbox"/> Defiant	<input type="checkbox"/> Positive interaction with peers	<input type="checkbox"/> Positive relationships with adults/teachers
<input type="checkbox"/> Aware of others' needs	<input type="checkbox"/> Easily frustrated	<input type="checkbox"/> Physically hurtful when frustrated
<input type="checkbox"/> Enthusiastic about learning	<input type="checkbox"/> Can't sit still	<input type="checkbox"/> Hits or bites

What other words come to mind to describe this child?

SOCIAL/EMOTIONAL DEVELOPMENT	ALWAYS	OFTEN	SOMETIMES	NEVER	COMMENTS
Works and plays cooperatively					
Enters group activities appropriately					
Cries when frustrated					
Chooses to be alone					
Tends to lead					
Tends to follow					
Uses words to resolve a conflict					
Is able to be redirected by teacher					
Accepts responsibility for behavior					
Is able to solve problems without adult help					
Tries new activities of own choice					
Needs help to be on task with own choice					
Tries new activities that are teacher-directed					
Needs teacher support to stay on task					
Makes transitions easily					
Follows classroom routines					

Please add additional information from your observations and interactions with this child:

CHARACTER TRAITS	ALWAYS	OFTEN	SOMETIMES	NEVER	COMMENTS
Evidences a positive view of self					
Demonstrates kindness to others					
Accepts responsibility for actions					
Is truthful					
Demonstrates respect in word, attitude and actions toward adults					
Demonstrates respect for peers					
Demonstrates leadership abilities					
Is excited about learning					

Additional comments:

LANGUAGE & ACADEMIC DEVELOPMENT	ALWAYS	OFTEN	SOMETIMES	NEVER	COMMENTS
Understands and follows oral directions					
Is able to communicate ideas, feelings, and needs					
Speech is easily understood					
Demonstrates mathematics/early numeracy skills appropriate for beginning Kindergarten					
Demonstrates reading/early literacy skills appropriate for beginning Kindergarten					

Additional comments:

OTHER	ALWAYS	OFTEN	SOMETIMES	NEVER	COMMENTS
Responsible for belongings (coat, school supplies)					
Toilets independently					
Is willing to participate in room clean-up					
Separates easily from parent(s) at drop-off					
Parent(s) seem to have set limits with child					
Parent(s) respectful/responsive to teacher/school					
Parent(s) support classroom systems and expectations (arriving on time, follows through, etc.)					

Additional comments:

Have you made, or do you plan to make, any recommendations for a special education assessment? Yes \_\_\_ No \_\_\_

Please comment and/or state reasons for any referrals:

Is there additional information that can be better conveyed in a phone conversation? Yes \_\_\_ No \_\_\_

The form conveys the information I have to share about the student. It's okay to call me if you have questions. Yes \_\_\_ No \_\_\_

Best hours to reach me are \_\_\_\_\_ at this phone number \_\_\_\_\_

Please feel free to add any other comments:

Springfield Christian School will abide by the confidentiality of this Recommendation Form

<b>Teacher Signature</b>		<b>School</b>
<b>Print Name</b>		<b>Address</b>
<b>Position</b>		<b>City/State</b>
<b>Email</b>		<b>Zipcode</b>
<b>Date</b>	<b>Phone</b>	<b>When did you teach the student? From _____ to _____</b>

Additional copies of this form are available at [www.springfieldchristianschool.org](http://www.springfieldchristianschool.org)