



TEACHER RECOMMENDATION FORM

TO BE COMPLETED BY CHILD'S PARENTS/GUARDIANS

Applicant's Name: _____
Last Firs Middle

Has applied for grade: _____ Date of Birth: _____

I/We hereby give permission for the evaluator to release the information on this form concerning my/our child to The Knoxville Jewish Day School. I/We understand that I/we will not have access to this confidential information.

Today's Date: _____

First Parent/Guardian Name: _____ Second Parent/Guardian Name _____

Signature _____ Signature _____

TO BE COMPLETED BY CHILD'S CURRENT TEACHER

Dear Evaluator,

The above-named student has applied for admission to our school. Thank you for your candid insights. They will be held in strictest confidence, and will be used solely for admissions purposes. This recommendation will not become part of the student's Permanent Record File.

The program at our school is a full day (8:30-3:30). In addition to the general studies, children have daily Jewish studies and Hebrew language instruction. There are several transitions throughout the day.

Please return this form to our school in the enclosed envelope by January 31, 2008.

Many thanks for your cooperation and assistance.

How long have you known this child: Length of school day: _____

Number of days per week: ____ Is the child conversant in English? _____

A. SOCIAL/EMOTIONAL DEVELOPMENT

	Exceeds age expectations	Age appropriate	Needs development	Area of concern
Self-Help Skills (Clothes, bathroom, lunch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the potential to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Respects rights of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excitability level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interactions with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interactions with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. COMMUNICATION SKILLS

	Exceeds age expectations	Age appropriate	Needs development	Area of concern
Expresses thoughts in words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes artistic creations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech is clear and intelligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions to extend understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to laugh (sense of humor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. PHYSICAL DEVELOPMENT

	Exceeds age expectations	Age appropriate	Needs development	Area of concern
Small muscle control and coordination <i>(lacing, puzzles, cutting, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination <i>(balance, eye/hand/foot)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body and space awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencil grip <i>(uses proper grasp)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. SKILL DEVELOPMENT

	Exceeds age expectations	Age appropriate	Needs development	Area of concern
Sustained attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions and completes task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect classroom routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one task/activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. OTHER INFORMATION

Please comment on the following regarding this child:

① What words come quickly to mind when you describe this child? _____

② To your knowledge, are the parents in agreement with your view of the student? Yes No Do not know

③ Activities this child prefers _____

④ Most likely to avoid this task _____

⑤ How child handles frustration _____

⑥ Child's readiness for a full day kindergarten program _____

⑦ For a child applying to First or Second Grade, please describe child's development and readiness for:

a) Reading skills _____

b) Math skills _____

⑧ Teacher's relationship with the child's parents _____

⑨ Additional remarks: Please add any other comments you wish to make about the applicants _____

F. TEACHER'S INFORMATION

Teacher's Name: _____

Position: _____ School Name: _____

School Address: _____

Telephone: _____ E-mail: _____

Signature: _____ Date: _____

Thank you for taking the time to complete this evaluation.

Please mail directly to:
Knoxville Jewish Day School
P.O. Box 10105
Knoxville, TN 37939 - 0105
865.560.9922