

**Confidential Teacher Recommendation**

**To be completed by the PARENT:**

Name of Student: \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Application for grade: \_\_\_\_\_

Current School: \_\_\_\_\_

**To be completed by the SCHOOL/TEACHER:**

English Teacher's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

I have known this candidate for \_\_\_\_\_ yrs/months.

| Social Development        | Usually | Sometimes | Seldom | Social Development Comments |
|---------------------------|---------|-----------|--------|-----------------------------|
| Can be a friend           |         |           |        |                             |
| Is supportive of peers    |         |           |        |                             |
| Plays along happily       |         |           |        |                             |
| Cooperates in play        |         |           |        |                             |
| Shares well               |         |           |        |                             |
| Initiates play activities |         |           |        |                             |
| Is imaginative            |         |           |        |                             |
| Has capacity to lead      |         |           |        |                             |
| Has capacity to follow    |         |           |        |                             |
| Uses materials purposely  |         |           |        |                             |

| Physical Development                  | Outstanding | Age Appropriate | Needs Development | Physical Development Comments |
|---------------------------------------|-------------|-----------------|-------------------|-------------------------------|
| Small muscle control and coordination |             |                 |                   |                               |
| Large muscle control and coordination |             |                 |                   |                               |
| Speech development (articulation)     |             |                 |                   |                               |

Please identify any special needs, including auditory and visual development:

TEACHER RECOMMENDATION

| Pre-Academic Skill Development                | Usually | Sometimes | Seldom | Pre-Academic Skill Development Comments |
|---|---------|-----------|--------|---|
| Is attentive                                  |         |           |        |   |
| Listens in a group                            |         |           |        |   |
| Contributes to group discussions              |         |           |        |   |
| Follows directions                            |         |           |        |   |
| Works cooperatively                           |         |           |        |   |
| Completes tasks                               |         |           |        |   |
| Able to focus on one task                     |         |           |        |   |
| Respects routines                             |         |           |        |   |
| Transitions easily                            |         |           |        |   |
| Responds positively to constructive criticism |         |           |        |   |
| Is curious                                    |         |           |        |   |
| Is willing to try new activities              |         |           |        |   |
| Is a self-starter                             |         |           |        |   |
| Enjoys new challenges                         |         |           |        |   |
| Exhibits problem solving abilities            |         |           |        |   |
| Expresses ideas well                          |         |           |        |   |

**\*\*For children applying for First Grade: Please describe the child's development of:**

**Beginning Reading Skills (circle one):**                      Non-Reader                      Emergent Reader                      Reader  
**Beginning Math Skills (circle one):**                      Below age-level                      Age-level appropriate                      Above age-level

Please comment on the parent cooperation and involvement with school: \_\_\_\_\_

**Personal Characteristics**

We welcome any other information which you think would be helpful on his/her personality, maturity, confidence, assertiveness, humor and degree of independence. Thank you for your assistance.

Signature: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please return to:** Annunciation Catholic School  
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 Washington, DC 20016

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