

# St. James School Preschool Teacher Recommendation Form

(Required for all students transferring from another pre-school)

Student Name \_\_\_\_\_

Dear Teacher:

Thank you for helping your student apply to St. James School. Your early attention is requested since teacher recommendations are a requirement for admission. Your candid, confidential assessment of how the student is performing in his/her current environment will assist us in making decisions regarding admission and placement.

**Please Return to:**

St. James School  
c/o Admissions  
201 Broad Street  
Sewickley, PA 15143  
412-741-5540

<b>Social Development</b>	Exceeds Age Expectations	Age Appropriate	Needs Development
Cooperates			
Initiates play activities			
Shares well			
Is imaginative			
Has capacity to lead			
Has capacity to follow			
Uses materials purposefully			
Is curious			
Is comfortable w/adults			
Works well independently			
Responds positively to criticism			

<b>Physical Development</b>	Exceeds Age Expectations	Age Appropriate	Needs Development
Small muscle control & coord.			
Large muscle control & coord.			
Speech Development			
Stamina			

Cognitive Development	Exceeds Age Expectations	Age Appropriate	Needs Development
Is attentive			
Contributes to discussions			
Follows directions			
Works cooperatively			
Completes tasks			
Can focus on one task			
Respects classroom routines			
Moves easily from task to task			
Is a self-starter			
Exhibits problem solving abilities			
Expresses thoughts well			

Please comment on each of the following regarding this child:

Parental Involvement:
In your view, what are this child's strengths?
Are there any significant challenges or problems of which we should be aware?

I have known this student for approximately \_\_\_\_\_ years.

Teacher's name \_\_\_\_\_

Teacher's signature \_\_\_\_\_

E-mail \_\_\_\_\_

School \_\_\_\_\_

School's Address \_\_\_\_\_

School Phone Number \_\_\_\_\_ Date \_\_\_\_\_