



**Confidential Teacher Recommendation** for Students Entering  
Preschool/Kindergarten/Grade 1 *(Please submit to teacher after November 1.)*

Student's name \_\_\_\_\_ Applicant for grade \_\_\_\_\_

Current school \_\_\_\_\_ Current grade \_\_\_\_\_

Teacher/Respondent name \_\_\_\_\_ Relationship to student \_\_\_\_\_

I have known this student for \_\_\_\_\_ months/years.

**To the Parents/Guardians:** I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for purposes of my child's application to attend the school.

\_\_\_\_\_  
Parent/Guardian name (please print)

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**To the Teacher/Respondent:** We appreciate your time and thought in completing this recommendation and understand the difficulty in evaluating children as they are growing, changing and developing. Please be honest and forthright in your responses. If the applicant's parent/guardian has signed the waiver above, this information will be kept confidential to the full extent allowed by law.

**Directions:** In relation to children of similar age, please check the appropriate box for each item below (4 = strength; 3 = developmentally appropriate; 2 = more time needed; 1 = area of concern).

Academic Potential	4	3	2	1
Curiosity				
Creativity				
Attention span				
Task persistence				
Listening skills				
Memory for events and information				
Follows directions				
Ability to express ideas orally				
Vocabulary				
Recognizes upper- and lower-case letters				
Knowledge of sound-symbol relationships				
Recognizes simple sight words				
Recognizes numbers				
Counts using one-to-one correspondence				
Extends simple patterns				
Writes name				
Uses scissors				
Gross motor development				

Social/Emotional/Behavioral Development	4	3	2	1
Separation from parents/caregivers				
Interaction with adults				
Interaction with peers				
Ability to share and take turns				
Ability to work cooperatively				
Ability to make transitions				
Ability to work independently				
Physical self control				
Self confidence				
Adaptability/Flexibility				
Ability to accept limits				
Expresses needs and feelings appropriately				
Respect for others				
Ability to focus in small group activities				
Ability to focus in large group activities				
Resolves conflicts appropriately				
Self help skills				

## General information to be completed for all candidates

Tell us what you consider to be the candidate's strengths and areas of need:

Strengths \_\_\_\_\_ Needs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe this child's social/emotional development:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe this child's academic development/performance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any support services this student has received (e.g., speech therapy, academic support, enrichment, guidance services, health-related services, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments about the candidate (e.g., special interests, talents, etc.), or circumstances of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe parental involvement, cooperation, expectations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***To the best of my knowledge, the information given above is accurate.***

Relationship to student:  Current Teacher  Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Teacher signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
School address (Street / City / State / ZIP)

***Please return this form to:***

Breck School Admissions Office  
123 Ottawa Ave N  
Golden Valley, MN 55422-5189

Phone: 763-381-8200  
Fax: 763-381-8288