

Name of Applicant: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

Name of school completing recommendation: \_\_\_\_\_

**Parent or Guardian** - Please write your child's name in the space above and read and sign the following before giving this to your child's teacher. Please include an addressed/stamped envelope for each school you list below.

*I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this recommendation to the following Houston schools:

1. \_\_\_\_\_ Address: \_\_\_\_\_
2. \_\_\_\_\_ Address: \_\_\_\_\_
3. \_\_\_\_\_ Address: \_\_\_\_\_
4. \_\_\_\_\_ Address: \_\_\_\_\_

**Teacher** - Please complete this confidential form and return it to the schools listed above in the envelope provided by the student/parent. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files to send to additional schools. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office.

Social Skills Ratings	Exceeds Expectations	Area of Strength	Age Appropriate	Progressing	Area of Concern	Please Comment
Self-esteem						
Acceptance of Limits						
Self-motivation						
Ability to work independently						
Interaction with peers						
Interaction with teachers						
Uses words to express feelings						
Internalization of classroom routine						
Separation from parents/caregivers						
Ability to share and work cooperatively						
Ability to wait turn						
Respect for property (personal and others)						
Accepts responsibility for actions						
Sense of humor						
Curiosity/imagination						
Attention span: self-chosen activity						
Attention span: assigned activity						
Cooperative attitude						
Leadership skills						
Makes transitions easily						
Ability to focus in large group						
Ability to focus in small group						
Responds to redirection						

## HAIS Common Teacher Recommendation Early Childhood through Kindergarten (Page 2)

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Usually chooses to work in:     large group                       small group                       alone  
 Usually takes role of:             leader                               follower                       varies  
 Hand dominance:                     right                               left                               not yet established

Physical Development Ratings	Area of Strength	Age Appropriate	Progressing	Area of Concern	Please Comment
Fine motor coordination					
Draws with details					
Uses appropriate pencil grip					
Gross motor coordination					
Body/space awareness					
Balance, gait, fluidity, smoothness of movement					
Participate in physical group activity					

Please describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern? \_\_\_\_\_  
 \_\_\_\_\_

Please note any physical, visual and/or auditory strengths or weaknesses: \_\_\_\_\_  
 \_\_\_\_\_

Circle the words that best describe this applicant:

Aggressive	Courteous	Easily-frustrated	Independent	Respectful
Articulate	Curious	Flexible	Inquisitive	Self-regulated
Cheerful	Detached	Good-natured	Oppositional	Serious
Confident	Determined	Impulsive	Over-protected	Spirited

Please add any additional information that would provide a more complete picture of the student and family:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant is habitually tardy or late:     Yes     No If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

This applicant is:

Strongly Recommended             Recommended             Recommended with Reservation             Not Recommended

I would:     like to             be willing to discuss this applicant by telephone.

Teacher Verification

Teacher Signature:	Date:
Print Name:	School Address:
Teacher Email:	
Home Phone:	Telephone:

Director/Principal Verification

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				
Signature of Director or Principal:			Date:	