



Preschool Teacher Recommendation

Student's Name: _____ **Applying for** (please circle): **PS-3** or **Pre-K** **in Fall 20** _____

Parents: Please insert your child's name and give this form to the current Preschool teacher with a stamped envelope addressed to Soille San Diego Hebrew Day School.

Your signatures below indicate that you understand this confidential recommendation is required and an important part of your child's admission application and you understand that you will not have access to it.

Parent's Name (print): _____ **Signature:** _____ **Date:** _____

Parent's Name (print): _____ **Signature:** _____ **Date:** _____

To the Teacher: Please complete the form below and return to the Admissions Office at Soille San Diego Hebrew Day School. This recommendation will remain confidential and will not become a part of the student's permanent record. We appreciate your cooperation and candor.

Personal and Social Development

	Not Evident	Emerging	Age Appropriate	Advanced
Listens to and Follows Directions				
Works and Plays Cooperatively with Peers				
Works and Plays Independently				
Participates During Group Activates				
Demonstrates Creativity				
Follows School and Classroom Rules				
Handles Transitions With Ease				
Demonstrates Consideration For Others				
Problem-Solves and Resolves Conflicts				
Engages in New Activities				
Demonstrates Self-Confidence				
Takes Turns and Shares				
Asks For Help When Needed				
Tolerates Frustrations				
Controls Impulses				
Expresses Feelings Appropriately				

Language and Speech

	Not Evident	Emerging	Age Appropriate	Advanced
Ability to Express Thoughts, Needs and Emotions Verbally				
Language Fluency and Vocabulary				
Articulation of Words (Ability to be Understood)				
Comprehension of and Ability to Follow Verbal Instructions				
Ability to Speak in Full Sentences				

Language(s) student speaks fluently: _____

Physical Development

	Not Evident	Emerging	Accomplished
Rides a Tricycle			
Runs, Walks and Moves Smoothly			
Holds Scissors and Can Effectively Use to Cut			
Holds Writing Instruments with Proper Grasp			
Applies Sufficient Pressure When Using Writing Instruments			

Self-Help Skills

	Not Evident	Emerging	Accomplished
Ability to Use the Toilet Independently			
Ability to Dress Without Assistance			
Ability to Eat Without Assistance			

Please describe this student's mastery of basic classroom skills how he/she behaves in your classroom:

Does this child require extra assistance from the teacher? Yes No

If yes, please describe the kinds of situations in which extra help is needed:

Does this student separate easily from parents? Yes No

Do the parents separate easily from the student? Yes No

If no for either or both of the above, please describe how separations transpire:

Are there any concerns with the student's attendance or promptness with arrival and departure?:

Please share your observations about the parents' expectations for their child and the way in which the family supports their child:

Please comment on the family's adherence to the policies and procedures of your school and their support for school programs:

Please share any other comments and remarks. (Consider traits, good or bad, not mentioned above which are worthy of note.):

Is there any additional information that can be better conveyed in a phone conversation? Yes No

Hours and phone number where you can be reached: _____

Teacher's name: _____ Email address: _____

Subject(s) and grade level(s) in which you taught this student: _____

School: _____ School Phone (_____) _____

Signature: _____ Date: _____