



CARLISLE

Lead. Excel. Succeed.

Teacher Recommendation Preschool and Kindergarten

Applicant's Name _____ Grade _____

To the Applicant:

Please give this form to your classroom teacher. Your teacher will mail this form directly to the school.

To the Teacher:

The student named above is a candidate for admission to Carlisle School. Thank you for your time and help in completing the following evaluation. Your insights will be helpful in choosing from among a pool of highly qualified candidates. If you would prefer to write your own evaluation of the applicant's skills, describing his/her academic and personal qualities, please attach it to this form.

Please comment on the following regarding this child:

Skill Development:

	Above Average	Age Appropriate	Needs Development
● Is attentive			
● Listens in a group			
● Follows directions			
● Works cooperatively			
● Completes tasks in a timely manner			
● Can focus on one task			
● Respects class routine			
● Flexible in change of activity			
● Responds positively to criticism			
● Is curious			
● Is willing to try new activities			
● Is a self-starter			
● Expresses ideas well			
● Contributes to discussions			

Social-Emotional Development:

	Above Average	Age Appropriate	Needs Development
● Is supportive of peers			
● Cooperates in the classroom			
● Is comfortable with adults			
● Works well independently			
● Cooperates in play			
● Initiates play activities			
● Shares well			
● Is imaginative			
● Has the capacity to lead			
● Has the capacity to follow			
● Uses materials purposefully			

General Development:

Physical Development (*general health and well being*)

Speech Development (*articulation, pragmatics*)

Intellectual Development (*attention span, language development, visual and auditory*).

Social Development (*degree of aggression or passivity, peer relationships, adult support needed, level of play*)

Emotional Development (*personality characteristics, self image, ability to deal with conflict and frustration*)

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Please comment on the child's relationship with his or her parents.

Please describe the child's readiness for beginning:

a) Math

b) Reading

What do you see as this child's particular strengths?

Are there significant deficiencies or problems of which we should be aware, or any further comments you feel are appropriate?

I have known this applicant for _____ months and/or _____ years.

Would you welcome a call from Carlisle School? Yes No

If so, what number do you prefer we use? _____ What is the best time of day to reach you? _____

This form was completed by _____ Date _____

Signature _____ Title _____

School Name _____ School Phone _____

School Address _____

Thank you for your assistance in the evaluation of this applicant. Please mail or fax this form directly to the Admissions Office.

Admissions Office
PO Box 5388
Martinsville, VA 24115
276.632.7288
Fax: 276.632.9545
www.carliseschool.org