



# Calvary Christian Academy

## Teacher Recommendation

### Kindergarten, First Grade

Parents, please complete the section below. Please have your child's teacher to complete the remaining portion and return in the supplied envelope or email to the the Admissions Director. If mailing, please affix postage before giving the envelope to the teacher.

Applicant's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Days Attending Preschool (if applicable) :     Full Time     Half Day

**Instructions To Teachers:** Please complete this recommendation and return it to CCA via mail or email to the Admissions Director. This student's application cannot be processed until all recommendations have been received. This information will remain confidential and will not be disclosed to the student's parent/guardian.

Social Development	Usually	Sometimes	Seldom	Comments
Plays cooperatively				
Shares toys, takes turns				
Initiates play activities				
Uses material purposely				

Intellectual Development	Usually	Sometimes	Seldom	Comments
Listens to and follows instructions				
Can recall past events, words to songs, and rhymes				
Is attentive				
Completes tasks				
Works cooperatively				
Contributes to group discussion				
Works independently				
Respects classroom routines				

Emotional Development	Usually	Sometimes	Seldom	Comments
Cries/has temper tantrums when things do not go his or her way				
Becomes upset when separated from parents				
Physical Development	Usually	Sometimes	Seldom	Comments
Small muscle control and coordination				
Large muscle control and coordination				
Speech development (articulation)				
Takes care of personal needs				
Can sit, listen, and persist with an adult-directed task for 15 minutes or longer				
Manages the use of scissors				

Please describe the child's development of

Beginning reading skills: \_\_\_\_\_

Beginning math skills: \_\_\_\_\_

Beginning writing skills: \_\_\_\_\_

Have you observed any signs of learning disabilities or special needs?  Yes  No

Does this student receive any special accommodations?  Yes  No

If yes, please explain: \_\_\_\_\_

Parent Involvement:  High  Average  Seldom  Not Involved

Parent Cooperation:  High  Average  Seldom  Not Cooperative

Please describe the child and include comments on his/her personality, maturity, confidence, assertiveness, humor, and degree of independence. We welcome any other information which would be helpful.

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Please check one of the following:  I highly recommend     I recommend with reservation  
 I recommend     I do not recommend

If you "recommend with reservation" or "do not recommend," please explain:

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Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

