



Teacher Recommendation Form Junior Kindergarten

TO BE COMPLETED BY THE PARENT

Please complete the top portion of this form. Give the form to your child's current teacher along with a stamped envelope addressed to:

The Cambridge School, Attn: Admission Office, 12855 Black Mountain Road, San Diego, CA 92129

Applicant's Name: _____ Applying for Fall of: _____

Please read and sign the statement below:

I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Name of Applicant's Father/Guardian: _____ Phone: _____

Signature of Applicant's Father/Guardian: _____ Date: _____

Name of Applicant's Mother/Guardian: _____ Phone: _____

Signature of Applicant's Mother/Guardian: _____ Date: _____

TO BE COMPLETED BY THE TEACHER

The Cambridge School is a classical school with an accelerated academic pace and an emphasis on faith and character. With this in mind, please complete the following pages of this form. Feel free to photocopy your completed form and send it directly to the school. This recommendation will remain confidential and will not become part of the student's permanent academic record; please be sure the parent has signed above. We sincerely appreciate your cooperation and candor in assessing the student named above.

Name of Teacher: _____ School: _____

Signature of Teacher: _____ Date: _____

Specific Job Title: _____

Email: _____ Phone: _____

I have known this student for the following length of time (preferably at least 1 year): _____

How many days per week does this student attend your program? _____ Time/length of day? _____

PLEASE CHECK THE APPROPRIATE DESCRIPTOR:

Social/Emotional Development	Consistently	Usually	Occasionally	Seldom	Not Applicable
Interacts positively with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts positively with teachers/adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well in a small group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates from parent/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one activity or space to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to limits/redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves conflicts independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulates emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Classroom Skills	Exceeds Age Expectations	Age Appropriate	Still Developing	Comments
Follows direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focuses on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses materials appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writes own name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verbally expresses thoughts clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Motor Skills	Exceeds Age Expectations	Age Appropriate	Still Developing	Comments
Small muscle development (cutting, coloring, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Large muscle development (running, jumping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Core strength (sitting in a circle or chair, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DESCRIBE THE STUDENT. CHECK AS MANY AS APPLY:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Motivated | <input type="checkbox"/> Caring | <input type="checkbox"/> Kind | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Conscientious | <input type="checkbox"/> Considerate | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Confident | <input type="checkbox"/> Positive Leader | <input type="checkbox"/> Influential |
| <input type="checkbox"/> Self-disciplined | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Manipulative |
| <input type="checkbox"/> Follower | <input type="checkbox"/> Shy | <input type="checkbox"/> Anxious | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Distracting | <input type="checkbox"/> Irritable | <input type="checkbox"/> Disobedient | |
| <input type="checkbox"/> Other: _____ | | | |

Please feel free to elaborate on any of the areas in the previous sections or provide additional information describing the student that may be relevant in assessing this applicant (temperament, strengths, weaknesses, social and emotional development compared to others, special needs, parental involvement, etc.).

Parental expectations and attitude toward the child:

Are the parents cooperative and involved in the current school setting?

- Exceptionally Cooperative Generally Cooperative Rarely Cooperative Rather Disinterested

Is there information about the applicant that would be better communicated by telephone? Yes No

Please indicate your level of recommendation regarding this student's admission to an academically rigorous and spiritually robust Junior Kindergarten program:

- Enthusiastically Strongly Fairly Strongly With Reservation Do Not Recommend

Please share your thoughts about your level of recommendation:

Your assistance in completing this assessment form is greatly appreciated!