

Teacher Recommendation Form: Kindergarten & First Grade

Parents: Please deliver this form directly to your child's current classroom teacher.

Child's Name _____ Age/Grade _____

School _____ Date _____

Teacher Name _____ Telephone _____

This information is for admissions use only and will not be a part of the student's permanent record. Thank you for your cooperation.

Please complete the following checklist:

Behavior	Usually	Occasionally	Rarely
Attends well			
Works well independently			
Relates positively to others			
Shows self confidence			
Participates well in group activities			
Demonstrates self-control			
Accepts responsibility for own actions			
Expresses ideas and feelings appropriately			
Shows respect for others			
Completes tasks in a timely fashion			

