

NEW COVENANT ACADEMY

3304 S. Cox Road, Springfield, MO 65807
(417) 887-9848 ~ (417) 887-2419 (fax)

Confidential Teacher Recommendation-Early Childhood

Name of Student _____ Age of student _____

To the Teacher Making this Recommendation: Place an **X** in the appropriate box to indicate how often this child does each task or shows each feeling or behavior. Think of this child's **usual** behavior at school; what would be typical, not his/her best or worst day. Thank you for your time and consideration.

Present School _____

Address _____

Phone _____

I have known the student _____ mo/yrs. My relationship is that of _____ (i.e., classroom teacher).

Please rate the student in the following areas:

Social-Emotional Development

| Area | Always or almost always | Sometimes | Rarely or never |
|--|-------------------------|-----------|-----------------|
| Plays well with other children | | | |
| Solves problems appropriately (w/o hitting, kicking, biting) | | | |
| Exercises self-control | | | |
| Admits when he/she makes a mistake | | | |
| Interrupts (talks when others are speaking) | | | |
| Works well with others | | | |
| Separates well from parent | | | |
| Gives up easily | | | |
| Is restless and can't sit still | | | |
| Disrupts others who are working | | | |
| Shows maturity in relationships | | | |
| Respects teachers and school staff | | | |
| Follows daily routines | | | |
| Makes transitions from activities easily | | | |

Self-Help Development

| Area | Most of the time | Sometimes | Rarely or never | Not allowed or not asked |
|---|------------------|-----------|-----------------|--------------------------|
| Puts toys or books away when asked | | | | |
| Washes & dries hands when needed | | | | |
| Blows & wipes nose without being asked | | | | |
| Puts each shoe on correct foot | | | | |
| Uses the toilet without help | | | | |
| Dresses self without help | | | | |
| Follows safety or classroom rules without being asked | | | | |

Overall Development

| Area | I'm not worried | I'm a little worried | I'm worried | I'm very worried | Do not know child well enough |
|--|-----------------|----------------------|-------------|------------------|-------------------------------|
| Health | | | | | |
| Motor skills (walking, throwing, balancing) | | | | | |
| Cognitive skills (learning, thinking, problem solving) | | | | | |
| Language skills (talking and understanding) | | | | | |
| Self-care skills (dressing, feeding self) | | | | | |
| Social-emotional skills | | | | | |
| Vision (seeing) | | | | | |
| Hearing | | | | | |

Is there anything that new teachers need to know to help this student succeed at New Covenant Academy?

To your knowledge, has this student ever received special services (Special Education, Speech Therapy, Occupational Therapy, etc.)

Yes No If yes, please describe: _____

Signature of Teacher/School Official

Date