



GREENWOOD SCHOOL

**Teacher Recommendation Form  
Grades Kindergarten – 1<sup>st</sup> Grade**

**To the parent/guardian:** Please complete the top portion of this form and give it to your child’s present school.

*I hereby give permission for you to release the information on this form concerning my child, \_\_\_\_\_ to Greenwood School. I, the parent/guardian, understand that I will not have access to this confidential information.*

\_\_\_\_\_ *Parent/Guardian Signature*

Name of Applicant: \_\_\_\_\_ Today’s date \_\_\_\_\_

Present school: \_\_\_\_\_ Present grade \_\_\_\_\_

Grade applying for: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**To the student’s present school:**

*Dear Teacher,*

*The above-named student has applied for admission to Greenwood School. We ask you to provide candid responses to the following questions and return this form directly to Greenwood School. We sincerely appreciate your cooperation and assure you that this information will be held in confidence. Thank you for your time.*

Date of entry into your program \_\_\_\_\_ Length of school day \_\_\_\_\_ # of days/week \_\_\_\_\_

- 1) In what capacity and length of time do you know this student? How would you describe him/her?
  
- 2) Please tell us about the student’s strengths as well as any areas that are challenging.
  
- 3) Please describe how the student’s family has participated in the child’s education. Do the parents/guardians support/follow through on specific school recommendations?

4) Are there any special concerns about the student's attendance or promptness in arrival or departure?

5) What kind of program do you think would be most beneficial for this student?

6) Please share any other comments you wish to make about the applicant. Please include any circumstance of which we should be aware.

7) Please check appropriate response(s):

4=Strength      3=Developmentally appropriate      2=More time needed      1=Area of Concern

	4	3	2	1		4	3	2	1
Self-help skills (clothes, bathroom, lunch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptance of limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor coord. (lacing, sewing, chopping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draws with detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works with manipulatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interaction with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body and space awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interaction with parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separation from parents/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance/gait/fluidity/smoothness of movmnt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to share/work cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in physical group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to wait turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech is clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respect for own property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respect for others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to stay with play topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepts responsibility for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tells story events in sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Atten. span/self-chosen activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions to extend understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Atten. span/assigned activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses language to problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperative attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sense of humor	<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"/>	Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually chooses: <input type="checkbox"/> Large group <input type="checkbox"/> Small group <input type="checkbox"/> Alone					Transitions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually takes role of : <input type="checkbox"/> Leader <input type="checkbox"/> Follower <input type="checkbox"/> Varies					Listens to directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Foll. directions & completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Ability to focus & contribute in:				
					large group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					small group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Resolves conflicts: verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					physically	----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SPECIFIC RECOMMENDATION:**

- Recommended
- Recommended with reservations (*please explain below*)
- Prefer not to make a recommendation (*please explain below*)
- Check here if any information supplied would be better communicated by a phone call.

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Name: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you again for your time and consideration—*The Greenwood School Faculty*

*Greenwood School  
17 Buena Vista Avenue  
Mill Valley, CA 94941  
Tel.: 415.388.0495  
FAX: 415.388.6895*