

FOOTHILL COUNTRY DAY SCHOOL

Message from the Office of Admission

2019 Preschool Teacher Recommendation for Kindergarten Readiness

To the Teacher:

The student named below has applied for admission to kindergarten at Foothill Country Day School for the 2019-2020 academic year. Your completion of this evaluation is an important part of the kindergarten admission process at Foothill Country Day School, and we value your candid insights and observations. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. Please know that your professional comments you share will be held in the strictest of confidence. Thank you!

Once completed, please return this form either **by mail** (Admissions at Foothill Country Day School, 1035 West Harrison Avenue, Claremont CA 91711), **fax it** directly to Foothill – (909) 625-4251 to the attention of Ms. Colette Sims, Director of Enrollment, or **email it** to csims@foothillcds.org.

Name of the student for whom this evaluation is being completed: _____

Name of student's current school: _____

SOCIAL AND EMOTIONAL DEVELOPMENT

| | Mature | Age Appropriate | Needs Development | Immature |
|----------------------------------|---------------|----------------------------|------------------------------|-----------------|
| Listens | | | | |
| Cooperates | | | | |
| Relates to peers | | | | |
| Relates to adults | | | | |
| Exhibits self-confidence | | | | |
| Adjusts to transitions | | | | |
| Tolerates frustrations | | | | |
| Separates from parents | | | | |
| Shares materials and possessions | | | | |
| Functions independently | | | | |
| Asks for help when needed | | | | |

Comments: _____

PHYSICAL DEVELOPMENT

| | Mature | Age Appropriate | Needs Development | Immature |
|---------------------|---------------|----------------------------|------------------------------|-----------------|
| Fine motor control | | | | |
| Gross motor control | | | | |

Comments: _____

Handedness established? Yes No

Other (please specify): _____

COGNITIVE DEVELOPMENT

| | Mature | Age Appropriate | Needs Development | Immature |
|--------------------------------------|---------------|----------------------------|------------------------------|-----------------|
| Expresses ideas orally | | | | |
| Articulates clearly | | | | |
| Sustains attention in small groups | | | | |
| Grasps concepts | | | | |
| Recalls details | | | | |
| Demonstrates an interest in learning | | | | |
| Interacts with materials | | | | |
| Follows directions | | | | |

Do you feel this child is ready for a full-time kindergarten program? Yes No

Other (please specify): _____

How would you describe this child? _____

FAMILY INFORMATION

| | Consistently | Usually | Sometimes | Rarely |
|--|---------------------|----------------|------------------|---------------|
| Communicates openly with school | | | | |
| Participates in school activities | | | | |
| Cooperates with classroom teachers | | | | |
| Cooperates with administration | | | | |
| Follows school rules and policies | | | | |
| Has realistic expectations for the child | | | | |
| Meets financial obligations in a timely manner | | | | |

Comments: _____

PRESCHOOL INFORMATION

Name of teacher completing this evaluation: _____

Title/Position: _____

For how long have you known this child? _____

Child's age: _____

First date of child's enrollment at this school: _____ / _____ / _____

Month Day Year