



Gateway to Prep Schools

Pre-K to Kindergarten Current Teacher Recommendation

TO THE FAMILY: Visit www.gatewaytoprepschools.com/member-schools for information on which forms are required by the schools to which you are applying.

Student's Name _____
Last First Middle Current Grade

Student's Address _____
Street City/Town State/Province Country Zip/Postal Code

TO THE TEACHER: The student named above is a candidate for admission. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful

responses. The deadline for application to most schools is January 15th. This recommendation will remain confidential and will not become part of the student's permanent record.

How long have you known the student? _____ My relationship with this student has been that of: _____

Number of students in the applicant's class _____

Grade level(s) in the class _____ Is the child generally on time for school? ☐ Yes ☐ No

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Please select the terms that represent your evaluation of the student in comparison to other students in their age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

Social/Emotional Development	4 Exhibits strength	3 Age appropriate (Above Average)	2 Age appropriate (Still Developing)	1 Needs development	N/A
Demonstrates sense of integrity and responsibility					
Shows concern for peers					
Has the capacity to lead					
Has the capacity to follow					
Emotional maturity					
Self confidence					
Self control					
Can be a friend					
Plays independently					
Plays cooperatively					
Social relationships with peers					
Is supportive of peers					
Is comfortable with adults					
Finds ways to enter group play/social interactions					
Accepts responsibility for behavior					
Exhibits appropriate humor					

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender

Name of Student _____

Academic/Cognitive Development	4 Exhibits strength	3 Age appropriate (Above Average)	2 Age appropriate (Still Developing)	1 Needs development	N/A
Is attentive					
Listens in a group					
Contributes to group discussions					
Follows directions					
Works independently					
Works cooperatively					
Level of independence					
Can focus on one task					
Respects classroom routines/rules					
Expresses ideas well					
Transitions easily between activities					
Responds positively to constructive criticism					
Demonstrates curiosity					
Demonstrates creativity					
Is willing to try new activities					
Is a self-starter					
Enjoys new challenges					
Exhibits problem solving abilities					
Organization of time, materials and work					
Seeks help when needed					
Willingness to take risks					
Completes homework on time					
Study habits					
Reading for pleasure					
Motivation					
Problem Solving Skills					
Literacy Skills					
Mathematical understanding					
Academic potential					

Physical Development	4 Exhibits strength	3 Age appropriate (Above Average)	2 Age appropriate (Still Developing)	1 Needs development	N/A
Small muscle control/coordination					
Large muscle control/coordination					
Speech development (articulation)					
Tolerates a variety of sensory stimuli					

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender

Name of Student _____

Please identify and describe any specific needs pertaining to the child's overall development.

Parent & Family Information	4 Strong	3 Appropriate (Above Average)	2 Appropriate (Still Developing)	1 Needs development	N/A
Supportive of school's programs and routines					
Responsive to suggestions and guidance					
Perception of child is compatible with school's understanding of the child					

Please comment on parent cooperation and support for the child's school experience.

Please comment on this child's ability to meet the expectations of your school.

Does this child have any academic or program modifications?

What kinds of academic, social or emotional support have been helpful to this child?

Please comment on this student's strengths, weaknesses or any special concerns or needs of this child and/or family.

Please describe your school's curriculum and teaching practices in literacy.

Please describe your school's curriculum and teaching practices in mathematics.

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender

Name of Student _____

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student's application.

May we contact you for further information about this candidate? ☐ Yes ☐ No

Signature _____ Date _____

Title _____

School Email Address _____

Telephone _____

School _____

School Address _____

Last Name, First Name, Middle Name	Date of Birth
Applying for	Gender