



Alexandria Country Day School
 Admissions Office
 Kim Roberts, Director of Admissions

Confidential Teacher Recommendation Primary School Applicants

Parents/Guardians,

Please read the statement below and sign before giving this to your child's current teacher.

I understand and agree that the information contained on this Classroom Teacher Recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

 Signature of Parent or Guardian

 Date

Teacher,

This student is applying for admission to Alexandria Country Day School. Your professional feedback about this student will help the Admissions Committee makes its decision. Your comments will be held in strict confidence. Please return to Admissions Office to the physical or email address listed below.

Student Name: _____

Applying for Grade: _____

How long have you known the applicant: _____

Please rank the candidate in the following areas:

Pre-Academic Development Area	Area of Strength	Age Appropriate	Progressing	Area of Concern
Listens and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentive during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively with partner or small group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions easily from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials correctly (scissors skills, pencil grip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts and ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and follows classroom procedures and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies letters and sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes numbers and counts sets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Social-Emotional Development	Area of Strength	Age Appropriate	Progressing	Area of Concern
Responds positively to redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well/takes turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates in classroom activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits positive feelings of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates needs effectively	<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"/>
Separation from parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development	Area of Strength	Age Appropriate	Progressing	Area of Concern
Fine Motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-help skills (clothes, bathroom, lunch etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Circle the words that best describe this applicant:

- | | | | | |
|------------------|---------------|--------------|--------------|--------------------|
| aggressive | anxious | articulate | assertive | cheerful |
| confident | conscientious | disobedient | distracting | easily discouraged |
| energetic | follower | helpful | honest | immature |
| influential | irritable | leader | manipulative | mature |
| motivated | negative | oppositional | organized | over-protected |
| passive | perfectionist | positive | responsible | restless |
| self-disciplined | shy | social | vivacious | well-liked |



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Parent Involvement	Consistently	Usually	Seldom	Not Observed
Parent(s) participate(s) in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) support and follow school policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates openly with the school and classroom teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with school administration and follows through with school recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has realistic expectations for their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this child ever had behavior issues in your class? If yes, please explain.

Does this child have attendance issues, including excessive tardiness?

Have additional resources or accommodations been recommended or given to this student? If yes, please explain.

Please share any additional information about the applicant that should be taken into consideration during the admissions process.

Printed Name of Teacher

Phone Number

Name of School

Email

Signature of Teacher

Date