



CONFIDENTIAL TEACHER RECOMMENDATION KINDERGARTEN

To the teacher: As a part of the GMC Prep application process, we require a recommendation from a current teacher for each prospective student. We appreciate your cooperation in completing this form. Please complete both pages and email to moody@gmc.edu from a work email. This recommendation is confidential and will not be made available for parental review.

Student's Name (*Last, First, Middle*) _____

Current Grade _____

Current School _____

Phone Number _____

Email Address _____

Teacher's Name (Print) _____

How long has the applicant been enrolled? _____

How many days per week: _____

Has the applicant had any conduct problems? ____ Yes ____ No

If yes, please explain: _____

Compared to other students you have taught, please indicate your rating of this student:

| PERFORMANCE | Below Average | Average | Good | Excellent |
|-------------------------------|---------------|---------|------|-----------|
| Attention Span | | | | |
| Self-Control | | | | |
| Confidence | | | | |
| Personal Appearance | | | | |
| Respect for Rules | | | | |
| Respect for Teacher/Authority | | | | |
| Listens & Follows Directions | | | | |
| Emotional Maturity | | | | |
| Leadership | | | | |
| Motivation | | | | |
| Creativity | | | | |
| Attitude toward school | | | | |
| Responsibility | | | | |
| Honesty | | | | |
| Cooperation with peers | | | | |
| Cooperation with adults | | | | |
| Fine Motor Skills | | | | |
| Gross Motor Skills | | | | |
| Parental Support | | | | |

Outstanding talents/accomplishments of the applicant: _____

Has the applicant shown any evidence of learning problems? ____ Yes ____ No

If yes, please explain. _____

Where would you place the applicant in each of the following?

| SKILLS | Little to No Exposure | Below Average | Average | Good | Excellent |
|--|-----------------------|---------------|---------|------|-----------|
| Writes Name | | | | | |
| Recognition of Upper Case Letters | | | | | |
| Recognition of Lower Case Letters | | | | | |
| Letter-Sound | | | | | |
| Phonetic-Blending | | | | | |
| Reading Simple Words | | | | | |
| Handwriting: Form Letters & Numerals Correctly | | | | | |
| Counting 1-20 Objects | | | | | |
| Addition Facts | | | | | |
| Subtraction Facts 1-10 | | | | | |
| Recognition of Colors | | | | | |
| Recognition of Numbers 1-10 | | | | | |
| Recognition of Shapes | | | | | |

Please evaluate the applicant's general ability to learn new concepts:

_____ Above Average _____ Average _____ Below Average

To your knowledge, has the applicant ever been on medication for hyperactivity or emotional disorders?
_____ Yes _____ No

How well do you think the applicant would succeed in an accelerated and structured learning environment?

Given the opportunity, were the applicant's parents supportive in your classroom and school program?
_____ Yes _____ No

If you have any other comment or information that might be helpful, please continue below or on a separate page and include with this document.

Teacher Signature (*Electronic signature is acceptable*)

Date