



A K-8 INDEPENDENT SCHOOL

Inspiring Compassionate Leaders Through Academic Excellence

Teacher Recommendation for Students Entering Kindergarten

Student's Full Name *(please print)*: _____

To the parent/guardian: *Please sign the release form below and give this form to your child's teacher with a stamped envelope addressed to The Healdsburg School, Office of Admission, 33-H Healdsburg Avenue, Healdsburg, CA 95448.*

Please have your child's teacher fill out the form after December of the current academic year.

For the student named above, I acknowledge that I waive my right to read this confidential teacher recommendation.

Name of parent/guardian *(please print)* _____

Signature of parent/guardian _____ Date _____

To the teacher: This student is a candidate for admission to The Healdsburg School, an independent private school for grades K – 8. Your thoughtful and candid evaluation of the applicant will be of great assistance to our Admission Office and is truly appreciated. **Your assessment will be held in confidence, as noted above.** Please mail this form directly to The Healdsburg School in the envelope the family has provided. If you have any questions, please contact The Healdsburg School Admission Office at 707.433.4847. Thank you for your time and valuable feedback.

Name and title of the teacher completing this form *(please print)* _____ Date _____

School Name & Address _____

City, State, Zip code _____

Email address _____

Please complete the following checklist:

	Rarely	Occasionally	Usually	Most Always
The student demonstrates self-regulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student responds positively to challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is respectful and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student transitions well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is able to work independently for an age-appropriate length of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student cooperates with his/her peers during group/partner activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Overview

1. Please share your thoughts on this student's academic foundation, emerging skills, and interest in learning.

2. Please comment on this student's temperament.

3. Which three words best describe this student?

4. Please share any thoughts you have regarding the student's family, expectations for their child, their cooperation with you, and their contribution to the school community.

5. Has this student been recommended for special support services and/or tutoring support? Yes/No
Is this student currently receiving any special support services and/or tutoring support? Yes/No
If yes, please explain.

6. Have there been any disciplinary, emotional or other concerns regarding this student? Yes/No
If yes, please explain.

7. How long have you known this student? How many days per week and how many hours per day does this student attend your school?

➤ We welcome any additional information you think would be helpful regarding this student.

➤ Do you have information about this student that can be better conveyed in a phone call? Yes / No
If yes, please indicate the phone number and best time for the Director of Admission to contact you.

Signature

Date

Best Contact Number

Many thanks for your assistance in providing us with this information.