



A K-8 INDEPENDENT SCHOOL

Inspiring Compassionate Leaders Through Academic Excellence

### Teacher Recommendation for Students Entering Kindergarten

Student's Full Name *(please print)*: \_\_\_\_\_

School 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 no earlier than 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)* \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of parent/guardian *(please print)* \_\_\_\_\_ 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 Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_

**Please comment briefly on the following:** *(Feel free to use the back of this page, or add pages, to elaborate on your comments.)*

- Please describe this student's special or unusual characteristics and strengths and/or interests and talents.
- Any challenges?
- Which three words best describe this student?
- How well do you know this applicant?

**Teacher Recommendation for Students Entering Kindergarten (pg. 2 of 3)**

Please complete the following checklist:

	Never	Occasionally	Usually	Always
The student demonstrates self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student responds positively to the challenge of academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is respectful and courteous to peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student displays a well-balanced temperament	<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 their peers during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Overview

1. Please write a short descriptive assessment of this student in regards to their academic strengths and weaknesses, and share any further thoughts regarding the student's academic foundation and emerging skills.

2. Please elaborate on this student's performance as compared with his/her ability.

3. Please comment on the classroom setting you think would most benefit this student and what teaching techniques work best with him/her.

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.

**Teacher Recommendation for Students Entering Kindergarten (pg. 3 of 3)**

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 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 in assessing 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.***