



A TK-8 Independent School

To cultivate the intellect, courage, and compassion to lead lives of inquiry and purpose.

Teacher Recommendation for Students Entering TK/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 Admissions, 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:

To the teacher: This student is a candidate for admission to The Healdsburg School, an independent school for grades TK – 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, or you may submit the form via email to santonio@thehealdsburgschool.org.

If you have any questions, please contact The Healdsburg School Admissions Office at (707) 433-4847, ext. 150. 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

Teacher's email address

Please complete the following checklist:

	Rarely	Occasionally	Usually	Most Always
The child demonstrates self-regulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child responds positively to challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child is respectful and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child transitions well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child 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 child 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 the child's academic foundation, emerging skills, and interest in learning.

2. Please comment on this child's temperament.

3. Which three words best describe this child?

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

5. Has this child been recommended for special support services? Yes No

Is the child currently receiving any special support services? Yes No
If yes, please explain.

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

7. How long have you known this child? How many days per week and how many hours per day does this child 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 a member of our Admissions team to contact you.

Signature

Date

Best Contact Number

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