



Teacher Recommendation
Kindergarten

Name of Teacher _____ Grade Taught _____

School _____ Telephone _____

Address, City, State & Zip _____

Name of Student _____

My child is a candidate for admission to The Wood Acres School. I authorize the release of this confidential recommendation as part of the admission process. The recommendation will be held in strictest confidence and will not be shared with students, parents or guardians. The recommendation will remain confidential and will not become part of the student's transcript. Upon completion, the recommendation should be mailed to the Admissions Office directly from the evaluator.

Parent Signature _____ Date _____

How long and in what capacity have you known the student? _____

Social/Emotional Development	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectations
Exhibits curiosity				
Demonstrates imagination				
Demonstrates emotional maturity				
Cooperates				
Uses classroom materials appropriately				
Exhibits ability to lead				
Shows ability to follow directions				
Shares well				
Shows confidence				
Works independently				
Resolves conflicts independently				
Tolerates frustration				
Maintains self-control				
Recognizes limits and routines				
Separates from parent				
Becomes engaged with peers				

Pre-Academic Skill Development	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectations
Recognizes letters				
Remembers information				
Understands directions				
Understands sequences				
Exhibits phonemic awareness				
Enjoys listening to stories				
Expresses thoughts				
Listens in groups				
Contributes appropriately to a group				
Engages in math activities				
Demonstrates numeric understanding				
Is a self-starter				
Can focus on one task				
Completes task				
Makes transition easily				
Works cooperatively				
Physical Development	Area of Concern	Needs Development	Age Appropriate	Exceeds Expectations
Fine motor control				
Gross motor control				
Resilience				
Speech development				

Please share any comments or information that might be of value to us. _____

Please describe parental involvement or support. _____

Signature of Teacher _____ Date _____

Thank you for your time and effort in completing this assessment.

Please return recommendation by email, fax or mail to:

Admissions Office
 The Wood Acres School
 1772 Johnson Ferry Road, Marietta, GA 30062
 Phone: (770) 971-1880 Fax: (770) 321-5054 Email: admissions@woodacresschool.org