



WHERE *Brilliance* BEGINS

# Teacher Recommendation Form - Preprimary Students (JK3, JK4 or SK5)

(For students who have had a previous educational experience.)

**Instructions to the Applicant's Family:** Please type or clearly print your child's name below. This form is to be completed by your child's teacher and is to be **faxed** or **mailed** directly to University Lake School.

Office of Admissions  
University Lake School  
4024 Nagawicka Road  
Hartland, WI 53029  
FAX: 262-367-3146

**Applicant's Name:** \_\_\_\_\_

**Applying for:** \_\_\_\_\_ JK 3 Year Old Program \_\_\_\_\_ JK 4 Year Old Program \_\_\_\_\_ SK 5 Year Old Program

**Directions to the teacher:** Please complete this form, assessing the academic strengths of the above applicant.

**Your remarks will remain confidential.**

- How long have you worked the applicant? \_\_\_\_\_
- In what capacity have you known the applicant? \_\_\_\_\_
- Please check the appropriate spaces:

### Emotional Development:

Confident	_____ Usually	_____ Sometimes	_____ Seldom
Enthusiastic	_____ Usually	_____ Sometimes	_____ Seldom
Aggressive	_____ Usually	_____ Sometimes	_____ Seldom
Even-tempered	_____ Usually	_____ Sometimes	_____ Seldom
Quiet	_____ Usually	_____ Sometimes	_____ Seldom
Nervous	_____ Usually	_____ Sometimes	_____ Seldom
Shy	_____ Usually	_____ Sometimes	_____ Seldom
Distractible	_____ Usually	_____ Sometimes	_____ Seldom
Angry	_____ Usually	_____ Sometimes	_____ Seldom
Withdrawn	_____ Usually	_____ Sometimes	_____ Seldom
Responds positively to constructive criticism	_____ Usually	_____ Sometimes	_____ Seldom
Willing to try new activities	_____ Usually	_____ Sometimes	_____ Seldom
Can handle feelings appropriately	_____ Usually	_____ Sometimes	_____ Seldom

### Social Development:

At ease with adults	_____ Usually	_____ Sometimes	_____ Seldom
At ease with peers	_____ Usually	_____ Sometimes	_____ Seldom
Exhibits independence	_____ Usually	_____ Sometimes	_____ Seldom
Shows leadership traits	_____ Usually	_____ Sometimes	_____ Seldom
Shows possessiveness	_____ Usually	_____ Sometimes	_____ Seldom
Plays alone happily	_____ Usually	_____ Sometimes	_____ Seldom
Plays with others	_____ Usually	_____ Sometimes	_____ Seldom
Cooperates in play	_____ Usually	_____ Sometimes	_____ Seldom
Impulsive	_____ Usually	_____ Sometimes	_____ Seldom
Can be a friend	_____ Usually	_____ Sometimes	_____ Seldom
Shares well	_____ Usually	_____ Sometimes	_____ Seldom
Quarrels	_____ Usually	_____ Sometimes	_____ Seldom
Cooperates with adult suggestions	_____ Usually	_____ Sometimes	_____ Seldom
Stands up for own rights	_____ Usually	_____ Sometimes	_____ Seldom



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**School Conduct:**

Attentive	_____ Usually	_____ Sometimes	_____ Seldom
Persistent	_____ Usually	_____ Sometimes	_____ Seldom
Follows rules	_____ Usually	_____ Sometimes	_____ Seldom
Follows directions	_____ Usually	_____ Sometimes	_____ Seldom
Works cooperatively	_____ Usually	_____ Sometimes	_____ Seldom
Listens in a group	_____ Usually	_____ Sometimes	_____ Seldom
Contributes to group discussions	_____ Usually	_____ Sometimes	_____ Seldom
Works and plays with limited supervision	_____ Usually	_____ Sometimes	_____ Seldom
Exhibits problem-solving skills	_____ Usually	_____ Sometimes	_____ Seldom
Uses materials purposefully	_____ Usually	_____ Sometimes	_____ Seldom

**Physical Development:**

Large muscle coordination	_____ Advanced for age	_____ Appropriate for age	_____ Below age level
Small muscle coordination	_____ Advanced for age	_____ Appropriate for age	_____ Below age level
Performs self-care tasks independently and consistently	_____ Yes	_____ No	

**Overall Language Development:**

Speaks clearly	_____ Advanced for age	_____ Appropriate for age	_____ Below age level
Uses words to communicate	_____ Advanced for age	_____ Appropriate for age	_____ Below age level
Can retell a story or routine events	_____ Advanced for age	_____ Appropriate for age	_____ Below age level
Responds appropriately to others	_____ Advanced for age	_____ Appropriate for age	_____ Below age level

4. Does the applicant have any learning difficulties which might impede his or her learning?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the applicant have any social difficulties which might impede his or her learning?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please add any additional comments that you feel would assist us in assessing the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Recommendation of the applicant:

\_\_\_\_\_ Strongly Recommend    \_\_\_\_\_ Recommend    \_\_\_\_\_ Recommend with Reservations    \_\_\_\_\_ Do Not Recommend

Teacher Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_