



# Classroom Teacher Recommendation

*For students applying to Kindergarten*

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

This information will be kept in confidence and shared only with the Admission Committee.

Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

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

Social Development	Exceeds Age Expectations	Age Appropriate	Needs Development	No Basis to Evaluate
Can be a friend				
Is supportive of peers				
Plays alone happily				
Cooperates at play				
Shares well				
Initiates play activity				
Has the capacity to lead				
Has the capacity to follow				
Is imaginative				
Uses materials purposefully				
Is comfortable with adults				
Demonstrates self-control in class				
Demonstrates self-control on the playground				
Responds positively to redirection				
Exhibits sense of humor				
Seeks help when needed				
Respects property of others				
Exhibits courtesy and respect				

Pre-academic Skill Development	Exceeds Age Expectations	Age Appropriate	Needs Development	No Basis to Evaluate
Is attentive				
Listens in a group				
Contributes to group discussions				
Follows directions				
Works cooperatively				
Demonstrates ability to focus on one task				
Completes tasks				
Respects classroom routines				
Transitions well				
Responds positively to constructive criticism				
Is curious				
Is willing to try new activities				
Is a self-starter				
Enjoys new challenges				
Exhibits problem-solving abilities				
Expresses ideas well				

Physical Development	Exceeds Age Expectations	Age Appropriate	Needs Development	No Basis to Evaluate
Small muscle control and development				
Large muscle control and development				
Speech and language development				

**Please elaborate on any items marked as “needs development.”**

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

Please check here if you would like to speak with a member of the admission staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for completing this evaluation! Please return this form directly to**

**Ashley Hall Admission Office  
172 Rutledge Avenue  
Charleston, SC 29403**

**If you have any questions, please feel free to contact  
Carolyn Newton, Director of Admission (843) 720-2854 or newtonc@ashleyhall.org**