



# ASHLEY HALL

FOUNDED 1909

## Classroom Teacher Recommendation

*For students applying to Kindergarten*

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**To Parents:**

This confidential assessment form is to be completed by your daughter's current or most recent classroom teacher. The Admission Committee cannot make a decision until this form has been received directly from the teacher. The information provided is held in the strictest confidence and will be used solely for the admission process. It will not become part of the student's permanent record.

I/We authorize the release of my/our daughter's recommendation as requested by the Admission Office at Ashley Hall. I/We will not seek access to confidential recommendation and evaluation materials before, during or after the admission decision is made.

Signature of Parent/Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

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.”

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Would you like a call from a member of our Admission Committee? No ____ If needed ____ Yes* ____ *Preferred contact number _____
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Thank you for completing this evaluation! Please return this form directly to

[admission@ashleyhall.org](mailto:admission@ashleyhall.org)

OR

Ashley Hall Admission Office

172 Rutledge Ave

Charleston, SC 29403

If you have any questions, please feel free to contact us at (843) 965-8501 or [admission@ashleyhall.org](mailto:admission@ashleyhall.org).