

# Epworth Preschool

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## TEACHER RECOMMENDATION FORM FOR TRANSITIONAL PRE-K

*This form must be completed by the current year's teacher and returned to the address above.*

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

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

Name of Preschool \_\_\_\_\_ School Phone # \_\_\_\_\_

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

Please mark each of the criteria with 1-4 using the following scale:

1. Area of Concern 2. Needs Development 3. Age Appropriate 4. Exceeds Age Expectation

### Social/Emotional Development:

- Accepts and follows school routines \_\_\_\_\_
- Initiates interactions with others \_\_\_\_\_
- Takes turns and shares appropriately for age \_\_\_\_\_
- Shows feelings of security and self-confidence \_\_\_\_\_
- Participates in large group activities \_\_\_\_\_
- Has positive relationship with teachers \_\_\_\_\_
- Has positive relationship with peers \_\_\_\_\_
- Adjusts to changes in routine \_\_\_\_\_
- Exhibits self-control when frustrated \_\_\_\_\_
- Resolves problems without physical aggression \_\_\_\_\_
- Is courteous and respectful of others \_\_\_\_\_

### Communication:

- Is curious and can ask questions \_\_\_\_\_
- Speaks clearly with age-appropriate vocabulary \_\_\_\_\_
- Participates in and contributes to class discussions \_\_\_\_\_
- Speaks directly to and responds to peers and teachers \_\_\_\_\_

### Cognitive Development:

- Exhibits age-appropriate attention & interest span \_\_\_\_\_
- Grasps concepts readily \_\_\_\_\_
- Listens Attentively \_\_\_\_\_
- Follows Directions \_\_\_\_\_
- Utilizes free choice time appropriately \_\_\_\_\_
- Recognizes own name in print \_\_\_\_\_
- Recognizes letters of alphabet \_\_\_\_\_
- Recognizes numbers \_\_\_\_\_
- Able to write their first name \_\_\_\_\_

**Physical Development:**

- Can dress themselves independently \_\_\_\_\_
- Exhibits independence with toileting needs \_\_\_\_\_
- Demonstrates fine motor control \_\_\_\_\_
- Demonstrates gross motor capabilities \_\_\_\_\_
- Uses proper grip with writing tools and scissors \_\_\_\_\_
- Has \_\_\_\_\_ hand dominance

**Personality & Behavior (circle all that apply):**

- |             |                   |              |                  |
|-------------|-------------------|--------------|------------------|
| Confident   | Outgoing          | Quiet        | Independent      |
| Assertive   | Nervous           | Aggressive   | Shy              |
| Friendly    | Distractible      | Enthusiastic | Respectful       |
| Cooperative | Argues with Peers | Plays Alone  | Shows Leadership |

Do you feel this student is academically ready for TPK? YES NO (please explain)

Do you feel this student is emotionally ready for TPK? YES NO (please explain)

Please provide any further information or additional comments about this child that you think would be helpful. The information you provide on this form and in any subsequent conversations will be kept confidential.

*Thank you for your time!*