



Early Childhood/Kindergarten Teacher Recommendation Form

Current Teacher's Name _____ Position _____
 School _____

(Child's name) _____ has applied to the Waldorf School of Bend for the upcoming school year. Your comments will help us in our consideration of this child and family for our school. We appreciate your cooperation and candor in filling out this form. It will be kept confidential and will not be retained as part of the child's permanent file. Please return it to our school office as soon as possible to ensure timely processing in our enrollment procedure.

How long have you known this Child? _____
 In what class/program is he or she currently enrolled? _____

How many days per week? _____ Hours per day? _____ Number of students in the class? _____

What three words best describe this child?

1) _____ 2) _____ 3) _____

Please check the appropriate box that best describes the child's current ability:

SELF-SUFFICIENCY	Strong	Age appropriate	emerging	Not yet evident	Comments
Puts on own coat					
Zips/ buttons/ ties shoes					
Eats without assistance					
cares for self and belongings					
seeks adult help when necessary					
fully toilet trained					
tries to solve problems					
cope with frustration					
ATTENTION					
focus on self-initiated activity					
focus on teacher-directed activity					
listens to verbal story					
initiates self-directed play					
COMMUNICATION/SOCIAL SKILLS					
expresses needs to adults					
uses four to six word sentences					
respectful of others					
cooperative					
follows teacher's directions					
shows caring for others					
can take turns and share					
can play independently					
able to play imaginatively					
able to delay gratification					
able to resolve conflicts					

Communication/Social skills cont.	Strong	Age appropriate	emerging	Not yet evident	Comments
Able to transition with group					
Able to sustain play					
Uses materials purposefully					
Capacity to form friendships					
Is eager and curious					
Is flexible with changes					
Is self confident					
Relates recent experiences					
Follows rules					
Large Movement Ability					
Aware of self					
Walks a balance beam					
Crosses monkey bars					
Pumps a swing					
Follows large movements in a circle					
Fine Movement Ability					
Forms in drawings are...					
Modeling skills are...					
Able to do finger plays					
Hand position with crayon/paint brush is...					

What are this student’s particular interests or affinities?

Is this child currently receiving extra support (i.e. psychological, physically, sensory/motor integration, Any nutritional or allergy considerations?

Have any assessments been done (i.e. vision, hearing, behavioral, etc)? If so please list:

If not, would you recommend any assessments for the future? If so please list:

Parent/School Relationship

The school/parent/child relationship is important in the child’s overall success. Please comment on parent cooperation and involvement with the school.

Please attach a separate sheet with any additional comments.

Teacher Signature _____ date _____

If we have any questions may we call you? Yes No At what phone number? () _____

Thank you for taking the time to complete this form. Please return this form via email, fax or mail to Waldorf School of Bend Attn: Sarah Rucker, Admissions Director, 2150 NE Studio Rd. Ste. 2 Bend, OR 97701 srucker@bendwaldorf.com ph: 541-330-8841 fax: 541-330-9713