



Teacher Recommendation Form for Country Day School Applicants

The Country Day School requires that all applicants to the Threes, Fours or Kindergarten program have his/her current teacher complete this form.

Please return the completed form directly to Country Day School, Attn: Lynn Hall, no later than January 31, 2019.

Name of applicant: _____ Date of birth: _____

Name of respondent: _____ My relationship has been that of: _____

I have known this child for : _____ months/years Name of current school: _____

Describe this child's current program including style, length of day and number of days per week:

For parents: I understand this form constitutes confidential school-to-school communication. I authorize the above-named person to provide this form and all relevant information to CDS for purposes of my child's application to attend the school.

Parent signatures: _____ Date: _____

For persons submitting recommendation: Country Day School would appreciate your candid assessment of the applicant in his/her current educational setting. This form provides us with information to get to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please use the check boxes to show gradations within each category. Thank you for your thoughtful attention to this request.

SOCIAL-EMOTIONAL DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Development	Not at acceptable level	COMMENTS
Can be a friend					
Is supportive of peers					
Plays alone happily					
Cooperates at play					
Shares well					
Initiates play activities					
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 playground					
Responds positively to redirection					
Exhibits sense of humor					
Seeks help when needed					
Respects property of others					
Exhibits courtesy and respect					
PHYSICAL DEVELOPMENT	COMMENTS				
Speech development (articulation)					
Language development (expressive/receptive)					
Large muscle control/coordination					
Small muscle control/coordination					

PRE-ACADEMIC SKILL DEVELOPMENT	Advanced for Age	Appropriate for Age	Needs Development	Not at acceptable level	COMMENTS
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 skills					
Expresses ideas well					

What are the first words that come to mind when describing this child?

How does this child manage frustration?

Please describe any special needs this child may have: (visual, auditory, etc.)

Please describe this child: (include comments on the child’s personality, maturity, confidence, assertiveness, humor, and degree of independence. We also welcome any other information you think might be helpful. Please use a separate sheet of paper for further comments in any category, if needed.)

Please describe parental cooperation and involvement with the school.

Respondents Signature _____ Date: _____
 Telephone Number: _____ Email: _____

**Return form to: Country Day School, Attn: Lorrie Hallahan, 6418 Georgetown Pike McLean, VA 22101 by January 31.
 Lynn Hall, Director of Admissions 703-356-9149 lhall@countryday.org**