

# CURRENT *Preschool* TEACHER RECOMMENDATION



Child's Name \_\_\_\_\_ Applying for TK / K \_\_\_\_\_ in Fall 20 \_\_\_\_\_

► **To the Teacher:** The above student has applied to Tarbut V'Torah Community Day School (TVT). TVT is a co-educational Jewish day school for students who are motivated and are of good character. Your completion of this recommendation is extremely helpful.

It is important to us that the student's next school placement be an appropriate one for both the student and family. Please complete this form below and return it to the admissions office. Your judgments will be used solely for the admissions process. **This recommendation will remain confidential and will not become a part of the student's permanent record.** We sincerely appreciate your cooperation and candor.

Social and Emotional Development	Proficient	In Process	Not Yet
Shows comfort and confidence with self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows classroom rules and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses classroom materials purposefully and respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages transitions and adapts to changes in routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in the group life of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts easily with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts easily with one or more children when working or playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows empathy and caring for other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerates change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks adult help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses words to resolve conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains appropriate personal space/body and space awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can work or play independently for short periods of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments** (Please address any behavior, social, or emotional issues):

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Language, Literacy and Mathematical Skills	Proficient	In Process	Not Yet
Uses spoken language for a variety of purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly, conveying ideas in discussions and conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes the association between spoken and written words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recalls detailed information from a story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows and understanding of the concept of number and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates understanding of one-to-one correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments** (Please address academic capabilities):

Physical Development	Proficient	In Process	Not Yet
Uses writing and drawing tools with confidences and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye-hand coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross-motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine-motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral language development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent toileting without adult assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments** (Please address gross/fine motor abilities):

Approach To Learning	Proficient	In Process	Not Yet
Shows eagerness and curiosity as a learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions that involve a series of actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasps new concepts with relative ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustains attention during seat and group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks/projects in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments** (Address focus and attending to tasks):

Family Information	Always	Usually	Sometimes	Rarely
Communicates openly with school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in school functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complies with school rules and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with faculty and administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has realistic expectations for child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

What are the child's strengths?

What are the child's specific learning, social-emotional or behavioral challenges?

Has this child been referred for specialized services (i.e. speech, OT, counseling, parenting classes, ed/psych evaluation) or is this recommended? If so, please explain.

Is there anything else you would like to tell us about this child?

Based on your professional opinion is this child ready for a full-day educational program? Yes \_\_\_\_ No \_\_\_\_  
If no, what concerns do you have?

Is there any additional information that can be better conveyed in a phone conversation? Yes \_\_\_\_ No \_\_\_\_  
If necessary \_\_\_\_

Hours and phone number where you can be reached \_\_\_\_\_

Teacher's name \_\_\_\_\_

School \_\_\_\_\_ Email \_\_\_\_\_

Please send this recommendation via email, fax or mail to:

Tarbut V'Torah Community Day School  
Admissions Office  
5 Federation Way, Irvine, CA 92603  
Phone 949.509.9500 | Fax 949.509.7866

[admissions@tarbut.com](mailto:admissions@tarbut.com)

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