



# CHRIST CHURCH PRESCHOOL & KINDERGARTEN

Teacher Recommendation Form | 2024-2025 (Deadline: January 31, 2024)

CHILD'S NAME: \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

Which of the following best describes this child? (Check all that apply.)

<input type="checkbox"/> Confident	<input type="checkbox"/> Observant	<input type="checkbox"/> Completes tasks in a timely manner
<input type="checkbox"/> Enjoys large motor activity	<input type="checkbox"/> Shows self control	<input type="checkbox"/> Follows multi-step directions
<input type="checkbox"/> Patient	<input type="checkbox"/> Uses words to resolve conflict	<input type="checkbox"/> Cooperates with peers in the classroom
<input type="checkbox"/> Interacts well with peers	<input type="checkbox"/> Separates from parents easily	<input type="checkbox"/> Enjoys small motor activities
<input type="checkbox"/> Seeks help when needed	<input type="checkbox"/> Accepts responsibility for behavior	<input type="checkbox"/> Interacts well with adults
<input type="checkbox"/> Asks questions and participates in class	<input type="checkbox"/> Transitions easily between activities	<input type="checkbox"/> Exhibits problem solving ability
<input type="checkbox"/> Completes tasks independently	<input type="checkbox"/> Able to verbalize wants and needs	<input type="checkbox"/> Can focus during large group instruction

Academic Assessment: (Please fill out the information below to the best of your knowledge.)

Shape/Color Recognition (circle one):    Developing    Average    Mastered

Letter Recognition:    Knows \_\_\_\_\_ of 26 capital letters

Knows \_\_\_\_\_ of 26 lowercase letters

Number Recognition:    Recognizes \_\_\_\_\_ numbers 1-10

Fine Motor Skills:

Hand Dominance: \_\_\_\_\_ Right \_\_\_\_\_ Left

Cutting Skills: (circle one)    Developing    Average    Mastered

3-Finger Grasp of Writing Instruments: (circle one)    Developing    Average    Mastered



Please share the individual strengths of this student. (*Social, Emotional, Physical & Intellectual*)

Please share some things that may prove difficult for this child. (*Social, Emotional, Physical & Intellectual*)

Please share any further comments you think will help better describe this child.

Thank you for your time in completing this Teacher Recommendation Form. If we have any further questions, we would like to be able to contact you. Please provide your contact information below.

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_

*Please email or mail this form by January 31, 2024 to:*

**CHRIST CHURCH PRESCHOOL & KINDERGARTEN**

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