

The Pennfield School



Little Slocum Farm • 110 Sandy Point Avenue • Portsmouth • Rhode Island • 02871

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Teacher Recommendation *For Candidates Entering Pre-School (where applicable) Through Grade 2*

(Name) _____ has made application for entrance to our _____ grade in September 20_____. The information which you provide will be of great help in determining the applicant's readiness for the program at The Pennfield School. Your answers to these questions will be kept in the strictest confidence. Thank you for your time.

School: _____

PERSONAL/SOCIAL DEVELOPMENT

	Exhibits Strength	Age Appropriate	Needs Development
Cooperates in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem-solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL DEVELOPMENT

Small muscle control & coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control & coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has this child ever been evaluated or provided special consideration for learning or behavioral issues? _____

Please comment on the student's academic strengths and/or limitations: _____

Please comment on parent/guardian cooperation and support for the child's school experience.
Are parental/guardian expectations of the child realistic? _____

FOR APPLICANTS APPLYING FOR GRADE ONE OR TWO ONLY:

Please describe the applicant's beginning literacy and reading/writing skills: _____

Describe the applicant's beginning math skills: _____

**Using a separate sheet of paper, please share any additional information
that you think would be helpful in evaluating this applicant.**

Teacher's Name	Signature
Email	Date