



EVANSVILLE DAY SCHOOL

Teacher Reference Form Jr. Pre-Kindergarten, Pre-Kindergarten, and Kindergarten Confidential

Please respond and comment in reference to the following applicant:

_____, D.O.B. _____,

who has applied to Evansville Day School for the _____ grade. The information you provide will be kept in confidence and is important in making an admission decision in the best interest of the child. Please return this form to EDS Director of Admission in the envelope provided as soon as possible. Thank you for your time and attention to this important matter.

Teacher name _____ School name _____

May we contact you? _____ Phone # _____ Home # _____

How long have you known this applicant? _____ Hours of enrollment/week? _____

Date of entry and exit of program? _____

Please share this applicants strengths and challenges: _____

Does this applicant nap? How long? _____

Is this applicant potty trained? _____ If not, are parent and child working on it? _____

Please rate this applicant by checking the appropriate area:

Academic Development	Strength	Developmentally Appropriate	Concern
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes letters/numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to contribute in large group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to contribute in small group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to share and work cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Development			
Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social/Emotional Development

	Strength	Developmentally Appropriate	Concern
Separation from parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-help skills (bathroom, lunch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech is clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses language to problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses emotions appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to wait turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts appropriately in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts limits/guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide explanation to all areas that were indicated "concern". _____

Does this student have an IEP (Individual Education Plan), psychological evaluation, or has an evaluation been recommended? Was the curriculum modified? If so, please explain: _____

Did you receive appropriate parent/guardian cooperation and support? If not, please comment: _____

Please share any other pertinent information that would impact the social/emotional and academic development of this student. _____

Additional comments: _____

Teacher signature: _____ **Date:** _____

*Evansville Day School is accredited by the Independent Schools Association of the Central States (ISACS) and is a member of the National Association of Independent Schools (NAIS).
Evansville Day School is an academic community, whose doors are open to all students without regard to race, religion, sex or national origin.