

Congregation Emanu El Becker Early Childhood Center

1500 Sunset Blvd.

Houston, Texas 77005

Tel: 713.535.6400 * Fax: 713.535.6493

Teacher Recommendation – Candidate for Early Childhood

My child is currently not enrolled in a school program at this time - please check if apply.

Name of Student: _____ Date of Birth _____

Parent or Guardian

Please write your child's name in the space above and read and sign the following before giving this to your child's teacher.

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidate's parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

Signature of Parent or Guardian

Date

Your completion of this evaluation is helpful. It is important to all of us that a child's next school placement be an appropriate one for student and family. We appreciate your taking the time and effort to complete and return this form. Your insights and observations are valuable to us. Please know the professional comments you share will be held in strictest confidence, and we thank you in advance for your assistance and cooperation.

Social and Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustration				
Separates from parents				
Shares materials and possessions				
Functions independently				
Asks for help when needed				

Comments: _____

Physical Development	Mature	Age Appropriate	Needs Development	Immature
Gross motor coordination				
Speech/Articulation				
Fine motor coordination				

Comments: _____

Cognitive Development	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Interacts with materials				
Follows directions				

Comments: _____

- Please tell us about the child: strengths and weaknesses; likes and dislikes; etc.

- Is there anything regarding the family that would be helpful for us to know?

Teachers' Signature: _____	
Name of School: _____	
School Address: _____	School Phone: _____
_____	Date: _____

Director/Principal

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows the rules/policies of school				
Has realistic expectations for child				
Meets financial obligations				

Signature of Director/Principal: _____ **Date:** _____