



Hunter McGuire School

Confidential Preschool Teacher Recommendation

74 Quicks Mill Rd., Verona, VA 24482

540-248-2404

Parents: Please fill out the top portion and sign this form and forward to child's teacher.

Student's name _____

Preschool _____ Phone _____

Teacher's Name _____

I give permission for my child's preschool teacher to complete the following form.

Signed _____ Date _____

The above-named student has applied for admission to Hunter McGuire School. As part of the application process, we require a teacher recommendation. Your carefully considered judgments will have a bearing on our decision and are considered confidential. We appreciate your willingness to answer questions openly. A second part of our application process might include observation of the child in the preschool setting. I will be contacting you to set up a convenient time for my visit, if it is deemed necessary.

Please check your assessment of the applicant only in relation to other children of the same age.

KEY: 1-Almost always 2-Often 3-Occasionally 4-Almost never

SOCIAL SKILLS

Respects the rights of others	1	2	3	4
Is cooperative	1	2	3	4
Uses self-control	1	2	3	4
Demonstrates good manners	1	2	3	4
Gets along well with peers	1	2	3	4
Exhibits self-confidence	1	2	3	4
Demonstrates emotional stability	1	2	3	4
Separates well from parents	1	2	3	4
Expresses needs to adults	1	2	3	4
Is able to speak to peers in group time (such as "Show & Tell")	1	2	3	4

Please address any strengths or concerns with regard to **SOCIAL SKILLS**:

CLASSROOM SKILLS

Learns easily and readily	1	2	3	4
Listens attentively	1	2	3	4
Concentrates on task at hand	1	2	3	4
Follows multi-step oral directions	1	2	3	4
Works well independently	1	2	3	4
Persists at difficult tasks and completes work	1	2	3	4
Is inquisitive	1	2	3	4
Demonstrates creativity and originality	1	2	3	4
Chooses variety of areas for play	1	2	3	4
Requires redirection	1	2	3	4

(OVER)

Please address any strengths or concerns with regard to **CLASSROOM SKILLS**:

BASIC SCHOOL SKILLS

Recognizes name	1	2	3	4
Writes first name	1	2	3	4
Recognizes alphabet letters	1	2	3	4
Recognizes shapes (circle, square, triangle, rectangle)	1	2	3	4
Recognizes colors	1	2	3	4
Counts to _____	1	2	3	4
Recognizes numbers (1 – 20)	1	2	3	4

Please address any strengths or concerns with regard to **BASIC SCHOOL SKILLS**:

Please comment on any specific talents this child exhibits:

Please comment on any reservations that this form does not cover:

Have you ever referred this child for:

- Speech or Language assessment _____ Yes _____ No
- Educational Evaluation _____ Yes _____ No

May someone from our school contact you to discuss your comments?

_____ Yes _____ No

Signature _____

Date _____

Please return this evaluation to:

Hunter McGuire School
Attn: Admissions
74 Quicks Mill Rd.
Verona, VA 24482