



*Teacher Recommendation Form*  
**CONFIDENTIAL**

**To the Parent:** Please print or type this section and deliver this form to your child’s teacher. Include an addressed and stamped envelope to the schools where you wish this evaluation to be sent. **The teacher will mail these forms directly to the BCD Admission Office.**

**APPLICANT INFORMATION**

\_\_\_\_\_  
 First Middle Last Name Used  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female  
 Applying for Grade \_\_\_\_\_ Year of Entry \_\_\_\_\_ Date of Birth \_\_\_\_\_

**CURRENT SCHOOL INFORMATION**

\_\_\_\_\_  
 Name of Current School ( )  
 \_\_\_\_\_  
 Street Address City State Zip Phone Number

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (parent or guardian)

**Principal or Teacher:** Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

Please check all terms that are TYPICAL and comment if needed:

**SOCIAL DEVELOPMENT:**

- Plays with others       Initiates activity       Exhibits independence       Responds positively to correction
- Plays alone       Stands up for rights       Follows rules
- Takes the lead       Follows       Shares

**EMOTIONAL DEVELOPMENT:**

- Happy       Confident       Aggressive       Withdrawn
- Controlled       Receptive       Hostile       Angry
- Content       Even-tempered       Nervous
- Flexible       Adaptable       Shy

**WORK HABITS:**

- Works independently                       Focuses                                       Completes tasks                       Drifts
- Works in a group                               Listens attentively                       Is persistent
- Follows directions                               Organizes                                       Is distractible

**NON-VERBAL DEVELOPMENT:**

- Recognition of patterns                       Attention to details
- Interest in puzzles                               Spatial awareness
- Building     Directionality and orientation

**QUESTIONS ABOUT THE CHILD**

Please describe the areas in which the child excels:

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Please discuss the areas in which the child has the greatest needs:

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Additional comments:

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Please check your assessment of the applicant in each category for applicant’s age level and comment below on any areas of concern.

**SOCIAL/EMOTIONAL DEVELOPMENT:**

	Outstanding	Above Average	Average	Below Average	Not Applicable
Interaction with adults .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play behavior .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Problem Solving .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-control .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LANGUAGE/COMMUNICATION SKILLS:**

Speaks in complete sentences .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes in complete sentences .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulates words .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequences events .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PHYSICAL DEVELOPMENT:** Outstanding Above Average Average Below Average Not Applicable

**Gross Motor** .....  .....  .....  .....  .....   
balance, movement through space

**Fine Motor** .....  .....  .....  .....  .....   
hand-eye coordination, zips, buttons, stacks, cuts, handwriting

**ATTITUDE TOWARD SCHOOL:**

**Eager to learn** .....  .....  .....  .....  .....

**Curious** .....  .....  .....  .....  .....

**Observant** .....  .....  .....  .....  .....

**Creative** .....  .....  .....  .....  .....

**Additional comments:**

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**Are absences excessive?**  Yes  No      **Are tardies excessive?**  Yes  No

**If yes, please comment:**

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**QUESTIONS ABOUT THE PARENT(S)**

**Please check those parental support terms that are TYPICAL:**

- Are cooperative                       Follow through with suggestions                       Have realistic picture of child's ability
- Are interested in education               Value child's uniqueness

**Please comment on degree and type of parental involvement:**

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**Principle or teacher: In what capacity and how long have you known this child?**

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**Title:** \_\_\_\_\_

**If the need arises, may we contact you further?**  Yes  No      **Phone Number:** (     ) \_\_\_\_\_

\_\_\_\_\_  
Print name of Teacher

\_\_\_\_\_  
Signature of Principal or Director