



Preschool Teacher Recommendation Form

(to be completed by applicant's current teacher)

To the teacher: This information is strictly confidential and is only used during the evaluation process. Thank you for mailing or faxing this completed form. We thank you for your honest evaluation. Please feel free to expand your answers and attach additional pieces of paper. Any questions can be directed to Sheila Mraz, admissions director, sheila.mraz@rainbowlearning.org.

Student's Name _____
 Birthday _____ Current AGE _____
 Teacher's Name _____
 School _____
 Phone # of school _____ website _____
 How long have you known the applicant? _____

	Advanced	Age Appropriate	Needs Development
Supportive of peers			
Comfortable with teachers			
Follows directions			
Works cooperatively			
Exhibits self control			
Can be easily redirected			
Shows respect to peers			
Shows respect to adults			
Transitions from one activity to another			
Exhibits self-confidence			
Shares materials			
Makes friends easily			
Uses materials appropriately			
Accepts responsibility			
Able to use bathroom on own			
Communicates needs appropriately			
Shows empathy & tolerance of others			

Please explain any ratings of "Needs Development" on the above lists.

What do you consider to be the student's greatest strengths?

What do you consider to be the student's greatest challenges?

What are the parental expectations, support and attitude towards their child?

Is the parent's perception of the child consistent with the school's perception of the child?

What is the participation level of this student's parents at your school?

Has the child been referred to a professional for emotional issues, social challenges, and/or behavior difficulties? If so, please explain.

What overall rating would you give this candidate as an applicant for RCS?

Superior

Average

Below Average

We thank you again for your honest evaluation. Mail all completed pages to the RCS address:
Attn: Sheila Mraz, 574 Haywood Rd. Asheville, N.C. 28806 OR fax# (828) 348-5492

Teachers Signature _____

Date _____

If you would like for us to contact you to discuss any information on this recommendation,
please check here.: _____

Best time to call: _____ Phone Number _____