

Shared Teacher Recommendation Form

For Early Childhood through 1st grade applicants

Name of Applicant: _____ Grade: _____ Grade:

Parent or Guardian						
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. Please instruct your child's teacher to email a scanned copy of this document to admissions@ans.edu.ni from their institutional account. I understand and agree that the information contained on this Teacher Recommendation Form is confidential and will be used only in the selection of applicants and not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, 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/Month/Year					

Teacher

Teacher: Please complete this confidential form and send a scanned copy of this document to admissions@ans.edu.ni from an institutional e-mail account.

This Teacher Recommendation Form will be treated confidentially and will not be shared with parents. You may wish to keep the original copy for your files. Thank you for your collaboration and honesty.

Note: The child's application will not be processed until the completed form is submitted to the ANS Admissions Office.

Social Skills

Skill	Below Expectation	Age Appropriate	Strong	Comments
Self-esteem				
Acceptance of limits				
Leadership Skills				
Ability to work independently				
Interaction with peers				
Uses words to express feelings				
Separation from parents/guardian				
Ability to share and work cooperatively				
Ability to wait turn				
Respect for property (personal and others)				
Sense of humor				
Curiosity				
Attention span on self-chosen activity				
Attention span on assigned activity				
Makes transitions easily				
Ability to focus in a large group				
Ability to focus in a small group				

Please check the follo	wing:						
Usually chooses to wo	y chooses to work in: Large group:		Small Group:	Alone:			
Usually takes the role of		Leader:		Follower:	 Varies:		
Hand dominance:		Not yet established:			Right:		
- Describe any s concern?	ocial-emotic	onal strength	ns or weaknes	sses. What steps have beer	n taken to address the areas of		
Ple	ase mark wi	th a check w	•	evelopment lent ranks, your comment i	is appreciated.		
Skill	Below	Age	Strong	<u></u>	mments		
	Expectation	Appropriate	Strong		illineits		
Fine motor							
Draws with details							
Pencil grip Gross motor							
Body/space awareness Balance and manner of							
movement while							
walking, running,							
jumping							
Participates in physical							
group activities							
	spects of th	e child's phy	sical develop		r full participation in a school		
		Check wo	rds that best	describe this student.			
Aggressive		Dete	ermined	C	Observant		
Articulate			ly Frustrated		Over protected		
Cheerful		Flex	•		Respectful		
Confident		Goo	d Natured		Serious		
Courteous			ulsive		Shy		
Detached		•	ositional		, Sensitive		
- Is there anythi	ng regarding	g the child th	at would be h	nelpful for the Admissions	Committee to know?		
- Is there anythi	ng regarding	the family t	hat would be	helpful for the Admission	s Committee to know?		
This applicant is:	Strongly Rec	commended	Recom	mended with reservations	Not Recommended		
Teacher Name:	School:						
		School Location:					

e-mail address: _

Date: _