



ADMISSIONS OFFICE

SHARED TEACHER RECOMMENDATION FORM
For Early Childhood through 1st Grade Applicants

STUDENT'S FULL NAME: _____ 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 ANS Admissions Committee, and I waive any right that I may have to see it.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MM/DD/YY

SIGNEE NAME: _____

TEACHER

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

Please mark with a check where the student ranks, your comment is appreciated.

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 for turn				
Respect for property (personal and others)				



Skill	Below Expectation	Age Appropriate	Strong	Comments
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				

Plase check the following:

- Usually chooses to work in: Large Group Small Group Alone
- Usually takes the role of: Leader Follower Varies
- Hand dominance Not yet established Left Right

Describe any social-emotional strengths or weaknesses. What steps have been taken to address the areas of concern?

PHYSICAL DEVELOPMENT

Please mark with a check where the student ranks, your comment is appreciated.

Skill	Below Expectation	Age Appropriate	Strong	Comments
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				

Please describe if you have noticed any visual or auditory strengths or weaknesses.

Are there any aspects of the child's physical development that might limit their full participation in a school program? If so, does the child work around these limitations?



Check words that best describe this student.

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Determined | <input type="checkbox"/> Observant |
| <input type="checkbox"/> Articulate | <input type="checkbox"/> Easily Frustrated | <input type="checkbox"/> Over protected |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Flexible | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Good Natured | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Courteous | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Detached | <input type="checkbox"/> Oppositional | <input type="checkbox"/> Sensitive |

Is there anything regarding the child that would be helpful for the ANS Admissions Committee to know?

Is there anything regarding the family that would be helpful for the ANS Admissions Committee to know?

This applicant is:

- Strongly Recommended Recommended with reservations Not Recommended

TEACHER'S NAME: _____ SCHOOL: _____

TEACHER'S SIGNATURE: _____ SCHOOL LOCATION: _____

DATE: _____ EMAIL ADDRESS: _____

MM/DD/YY