



## St. Martin's Lutheran School of Annapolis Teacher Recommendation Form: Grades PreK – 2nd

Name of Student \_\_\_\_\_ Current School \_\_\_\_\_

Grade Level of \_\_\_\_\_ with \_\_\_\_\_ Other Students in Class, Attending \_\_\_\_\_ Days per Week and \_\_\_\_\_ Hours per Day

I have known this student for \_\_\_\_\_ Years \_\_\_\_\_ Months Attendance is  Regular  Not Regular

The first words that come to mind when I think of this student are:

### Academic Readiness Skills for Reading, Writing and Computation

	Notably Advanced	Age Appropriate	Average	Below Average	No Basis For Comment
Ability to Listen in a Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Classroom Routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Complete Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Focus on One Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Transition between Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Try New Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Initiate Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Solve Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Thoughts/Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this child's intellectual development (e.g., receptive language development, visual and auditory discrimination).

### Social/Emotional Development

	Notably Advanced	Age Appropriate	Average	Below Average	No Basis for Comment
Comfort with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation in Class Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiation of Play Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to Follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purposeful Use of Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this child's social development (e.g., degree of aggression or passivity, peer relationships, adult support needed, level of play).

Please comment on this child's emotional development (e.g., self-image, ability to deal with conflict/frustration).



Physical Development	Notably Advanced	Age Appropriate	Average	Below Average	No Basis for Comment
Small Muscle Control/Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Muscle Control/Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Development/Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencil Grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

**Please circle the words that best describe this student:**

- |            |                    |                 |                 |               |                  |
|------------|--------------------|-----------------|-----------------|---------------|------------------|
| Aggressive | Conscientious      | Follower        | Organized       | Restless      | Self-Disciplined |
| Anxious    | Distracting        | Irritable       | Overprotected   | Self-Centered |                  |
| Articulate | Disobedient        | Kind            | Passive         | Shy           |                  |
| Assertive  | Distractible       | Manipulative    | Perfectionist   | Social        |                  |
| Cheerful   | Easily-Discouraged | Motivated       | Positive Leader | Vivacious     |                  |
| Confident  | Easily-Frustrated  | Negative Leader | Rambunctious    | Other         | _____            |

Please describe the parents' relationship with the school.

In your view, what are the child's particular strengths?

In your view, what are the child's particular weaknesses?

Please note any special attributes of this student that would help us to better understand him or her (e.g., English as a second language, special talent in arts or athletics, etc.).

Would you be willing to discuss this child by telephone if we have further questions? \_\_\_ Yes \_\_\_ No

Evaluator's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Position: \_\_\_\_\_

*For School Administrator*

Has the family satisfied all financial obligations?

\_\_\_ Yes \_\_\_ No

Administrator's Initials: \_\_\_\_\_

**Please Return To:** St. Martin's Admissions Office  
(410) 269-1955 / [schooloffice@stmartinonline.org](mailto:schooloffice@stmartinonline.org)