



**Please mail, fax or e-mail this form directly from your school to the Waldorf School of Garden City.*

**Teacher Recommendation Form for
EARLY CHILDHOOD ADMISSIONS
Confidential***

Child's Name: _____ Gender: _____

Nickname (preferred name): _____ Birthdate: _____

Parent/Guardian(s) Names: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

Current School: _____ School Phone: _____

Entrance Date: _____ Currently attends: _____ Days per Week _____ Hours per Day

Recommender Submitting Report: _____ Title: _____

How long have you known the child? _____ Language child speaks at home: _____

Does child speak other languages? (please specify) _____

Dominance: Right _____ Left _____ Not established _____

PHYSICAL DEVELOPMENT					
Category	Strong	Age Appropriate	Progressing	Concern	N/A
Gross Motor Coordination:					
Participates in physical group activities					
Gait, fluidity, smoothness of movement					
Fine Motor Coordination:					
Participates in fine motor activities					
Works with clay, water, sand					
Builds with blocks or manipulatives					
Draws, paints, or glues					
Uses utensils (fork/spoon) to feed self					
General energy level: outdoors/classroom					
PERCEPTUAL DEVELOPMENT					
Completes puzzles (how many pieces?)					
Notices, creates, replicates patterns					
Comments					
What are the child's favorite Gross motor activities and Fine motor activities?					

SOCIAL/EMOTIONAL DEVELOPMENT					
Category	Strong	Age Appropriate	Progressing	Concern	N/A
Separation from parents/caregiver					
Displays confidence					
Accepts limits/boundaries					
Willingly follows directions individually					
Willingly follows directions in a group					
Displays impulse control					
Engages with peers (describe below)					
Engages with adults (describe below)					
Makes eye contact					
Resolves conflicts/disputes verbally					
Respects self and own property					
Respects others and their property					
Tolerates frustration, self-chosen activity					
Tolerates frustration, assigned activity					
Appreciates humor/appropriately silly					
Ability to focus on an activity					
Cooperative attitude					
Makes transitions easily					
Reacts positively to new events/change					
Comments					
How would you describe the child's temperament?					
What activities does the child especially enjoy?					
Please describe the quality of this child's interactions with classmates . Does the child play with children of both genders, show a preference for group or individual activities? Is the child a leader, follower, observer? Is the child kind to and considerate of other children?					
Please describe the quality of this child's interactions with adults .					

INTELLECTUAL DEVELOPMENT					
Category	Strong	Age Appropriate	Progressing	Concern	N/A
Receptive Skills:					
Ably follows directions given to a group					
Ably follows directions given individually					
Converses with adults and children					
Expressive Skills:					
Clear articulation (describe below)					
Fluency of expression (not stammering)					
Uses precise vocabulary (not "um")					
Remembers classmates/teachers names					
Remembers recites nursery rhymes					
Can retells events/stories sequentially					
Creates dramatic play scenarios					
Asks "why" and "how come" questions					
Emergent Literacy:					
Handles, browses, looks over books					
Enjoys being read to/asks to be read to					
Acts out favorite stories (books/media)					
Emergent Literacy:					
Sorts objects in categories (animals/plants)					
Grades objects by size					
Names colors or shapes in environment					
Uses size comparison					
Understands over, under...					
Comments					
Please comment on the child's language and speech development. Has the child been recommended for speech or language evaluation or therapy? Any idiosyncratic language? (Please be specific)					
Please comment briefly on any physical, social-emotional, or intellectual strengths or concerns, including general health.					

FAMILY

Have all financial obligations been met?

Have you received active cooperation from the parents?

To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?

Please describe parents' involvement with the school.

Signature

Position

Date

Requested material should be mailed, faxed, or e-mailed to:

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Associate Director of Admissions
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Garden City, NY 11530
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