



SALISBURY ACADEMY TEACHER RECOMMENDATION FORM

For Applicants to
Jr. Kindergarten / Kindergarten / First Grade

Dear Parents:

Please complete this form and give it to your child's present teacher.

Child's Name _____
(Last) (First) (Preferred)
Grade applying for _____ School Year _____

Dear Teacher:

The parents of the child named above have made application for him/her to attend Salisbury Academy. We would appreciate your returning this completed form to us at your earliest convenience. This form provides one way for us to get to know the child, but it is reviewed with the full awareness that young children are constantly changing and developing. If you note any major changes in your observations of the child in the ensuing weeks/months, please do not hesitate to contact us. Please know that we place particular value on your comments in each area.

CONFIDENTIAL

Please circle correct corresponding number:

<u>SOCIAL DEVELOPMENT</u>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Below Average</u>
Self-help and Independence	1	2	3	4
Attention (large group/small group listening)	1	2	3	4
Cooperation	1	2	3	4
Play	1	2	3	4
Sharing with children	1	2	3	4
Sharing with adults	1	2	3	4

Please describe any specific difficulties:

Please circle correct corresponding number:

<u>ACADEMIC READINESS</u>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Below Average</u>
Follows Directions	1	2	3	4
Language Development	1	2	3	4
Articulation	1	2	3	4
Math (if applicable)	1	2	3	4
Reading (if applicable)	1	2	3	4
Fine Motor Skills	1	2	3	4

Please describe any specific difficulties:

