



Confidential Teacher Recommendation Form for Preschool

NAME OF STUDENT _____

First

Middle

Last

To the parent/guardian: Give this form to your child's teacher with a stamped envelope addressed to the school listed above to which the student is applying. Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendation.

Name of student's parent or guardian (please print)

First _____ Middle _____ Last _____

Phone Number _____ Email _____

Signature of student's parent or guardian _____

Date _____

To the teacher: Feel free to photocopy your completed form and send it directly to the school(s). The recommendation will remain confidential and will not become part of the student's permanent academic record; please be sure the parent/guardian has signed above. **We sincerely appreciate your cooperation and candor. Thank you!**

Please describe the development of the following areas with 1 “not at all developed” and 4 “exceeding developmentally typical expectations”

Skill	Scale: 1-not at all; 2 lagging; 3 typical ; 4 exceeding age expectations			
Gross Motor	1	2	3	4
Fine Motor	1	2	3	4
Speech/language	1	2	3	4
Reacts appropriately to redirection	1	2	3	4
Ability to navigate transitions	1	2	3	4
Separates from parent/caregiver with ease	1	2	3	4

Please describe the degree to which the student exhibits the following aspects on the scale from 1 “never” and 4 “always”

Aspect	Scale: 1-never; 2-sometimes; 3-most of the time, 4 always			
Showing curiosity	1	2	3	4
Positive engagement with peers	1	2	3	4
Positive engagement with adults	1	2	3	4
Openness to new experiences	1	2	3	4
Introvert	1	2	3	4
Extrovert	1	2	3	4

Please describe in more detail:

Student's areas of interest:

Areas most needing instructional support or social and emotional support:

How well has this family communicated/collaborated with your school and teachers?

Any additional comments that you feel may be useful for learning about this student and family:

As part of the application process, you will be receiving a call from us. Please list the best times, days and a number to reach you at below.

Best times to call _____

Best days of the week to call _____

Best phone number to call _____

Your name _____ Your Email _____

Your school _____ Your position _____

Please mail this form directly to:

**Bixby School
Admissions
4760 Table Mesa Dr.
Boulder, CO 80305
Phone: 303-494-7508
www.bixbyschool.org**

OFFICE USE ONLY:
RECEIVED BY: _____

DATE: _____