

Harding

A C A D E M Y

Confidential Teacher Recommendation For applicants entering Kindergarten

Name of Student: _____ Applicant for: Junior Kindergarten
Senior Kindergarten
(circle one)

To be completed by classroom teacher or director of program.

This form must be mailed or faxed directly to: **Admissions Office**
Harding Academy of Memphis
1100 Cherry Road
Memphis, TN 38117
901-767-4494 phone
901-763-4949 fax

All information you supply will be kept confidential to the extent allowable by law.

Your name: _____ Title: _____

School: _____ Phone number: _____

How long have you known this student? _____

What are the first three words that come to mind when describing this student?

1. _____ 2. _____ 3. _____

Please rate this student in the following areas.

	Excellent	Good	Average	Below Average
Social Adjustment	_____	_____	_____	_____
Fine Motor Skills	_____	_____	_____	_____
Gross Motor Skills	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____
Attention Span	_____	_____	_____	_____
Behavior	_____	_____	_____	_____

Within the structure of your program, has this child had instruction in:

Writing?	yes	no
Alphabet recognition?	yes	no
Number recognition?	yes	no

In your opinion, is this child ready to sit for reasonable periods of time and to listen to and follow directions for writing, coloring, and pasting activities? yes no

If you have other comments you feel may be helpful, please use the space below .

Teacher's/Director's Signature:_____

Date:_____