

**PRE-KINDERGARTEN AND KINDERGARTEN  
CONFIDENTIAL TEACHER RECOMMENDATION FORM**

**CHESAPEAKE ACADEMY**  
107 Steamboat Road, PO Box 8  
Irvington, Virginia 22480  
804.438.5575 (Voice) 804.438.6146 (Fax)  
[www.chesapeakeacademy.org](http://www.chesapeakeacademy.org)



**Applicant's Name:** \_\_\_\_\_

**Applicant for Grade:** \_\_\_\_\_ **Anticipated Year of Enrollment:** \_\_\_\_\_

*The items below ask for your sense of this student's emotional and social growth, intellectual development and relationships within the school community. We understand the difficulty in making such an evaluation, and please know that all remarks will be kept in the strictest of confidence, and that we appreciate the time and effort involved in completing this form.*

**Name and Position of Individual Submitting Recommendation:** \_\_\_\_\_

**Present School:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**How Long Have You Worked With the Applicant:** \_\_\_\_\_

*Please circle the most appropriate response below within the following categories. If "varies" IS circled, please explain under the area marked for comments.*

**Personal Development**

**Comments**

YES	NO	VARIES	Separates from parent without crying _____
YES	NO	VARIES	Is curious about his/her environment _____
YES	NO	VARIES	Shows pride in his/her accomplishments _____
YES	NO	VARIES	Has confidence in himself/herself _____
YES	NO	VARIES	Has a positive attitude toward school _____
YES	NO	VARIES	Practices good health habits _____
YES	NO	VARIES	Works independently _____
YES	NO	VARIES	Takes care of toilet needs independently _____

**Social Relations**

YES	NO	VARIES	Is willing to share materials _____
YES	NO	VARIES	Plays cooperatively with others _____
YES	NO	VARIES	Prefers to play alone most of the time _____
YES	NO	VARIES	Is willing to take turns _____
YES	NO	VARIES	Observes school rules _____
YES	NO	VARIES	Demonstrates leadership ability _____

YES NO VARIES Relates positively to adults \_\_\_\_\_  
YES NO VARIES Accepts adult guidance when necessary \_\_\_\_\_

**Oral Language**

YES NO VARIES Speaks in complete sentences \_\_\_\_\_  
YES NO VARIES Expresses ideas logically \_\_\_\_\_  
YES NO VARIES Completes a thought in oral conversation \_\_\_\_\_  
YES NO VARIES Contributes to discussion \_\_\_\_\_

**Motor Development**

YES NO VARIES Can jump in place \_\_\_\_\_  
YES NO VARIES Builds using simple construction materials \_\_\_\_\_  
YES NO VARIES Uses crayons and paint brushes effectively \_\_\_\_\_  
YES NO VARIES Uses same hand consistently \_\_\_\_\_

**Work Habits**

YES NO VARIES Listens attentively in large groups \_\_\_\_\_  
YES NO VARIES Can follow individual directions \_\_\_\_\_  
YES NO VARIES Uses materials purposefully \_\_\_\_\_  
YES NO VARIES Cleans up after activities \_\_\_\_\_  
YES NO VARIES Usually follows school routine \_\_\_\_\_  
YES NO VARIES Helps with classroom tasks \_\_\_\_\_  
YES NO VARIES Shows persistence in problem solving \_\_\_\_\_  
YES NO VARIES Shows initiative \_\_\_\_\_

Has the Applicant been evaluated for any physical, emotional, or academic reasons?

\*Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_

Is the Applicant currently on medication or previously been on medication?

\*Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_

\*\* - If "YES" to the above questions, please explain. Attach an additional sheet if necessary.

**Return this Form to:**

Hilary Scott  
Director of Admissions  
Chesapeake Academy  
107 Steamboat Road, P.O. Box 8  
Irvington, VA 22480