



# Teacher Recommendation Form KINDERGARTEN - GRADE 3

To: Holy Trinity School, 11300 Bayview Avenue, Richmond Hill, ON L4S 1L4

Admissions Department • P 905-737-1115 • F 905-737-5187 • admissions@hts.on.ca • hts.on.ca

This form is to be completed by the Teacher, Guidance Counsellor or Principal at your child's current school. HTS cannot act until this information has been received. Your current school should email this form directly to admissions@hts.on.ca. A parent cannot 'hand carry' this form to HTS. It will be used only for the admission process and will not become part of the student's permanent record.

Parents, please sign the release at the bottom of this page before providing to your child's current school.

## TEACHER RECOMMENDATION (KINDERGARTEN - GRADE 3)

The student whose name appears below has applied for admission to Holy Trinity School. Your feedback will help us assess whether HTS is a great learning environment for the student. Your evaluation will be treated with the strictest of confidence. Thank you for your co-operation.

Name of Applicant: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### SOCIAL

	Outstanding	Age Appropriate	Needs Development
Desires and pursues relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with peers in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an engaged member of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious about learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to follow instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can play alone happily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducts themselves respectfully/appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### EMOTIONAL

	Outstanding	Age Appropriate	Needs Development
Exhibits appropriate self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PHYSICAL

	Outstanding	Age Appropriate	Needs Development
Has developmentally appropriate fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has developmentally appropriate gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order to allow the candidate to be considered, I authorize the release of my/our child's academic record and recommendation as requested by HTS. I will not seek access to confidential recommendation and evaluation material before or after the admission is made. I release every person and institution from any and all liability resulting from or pertaining to the furnishing of information provided to HTS.

Name of Applicant: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MM/DD/YY

Current school may detach and retain lower portion as record of parental permission.

## SKILLS

	Outstanding	Age Appropriate	Needs Development
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to organize work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits reasoning/problem solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is on time and prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ADDITIONAL INFORMATION

1. What are the child's academic and personal strengths?

---

2. Are there areas that need more attention in the child's growth at this time?

---

3. How does the student fit into the classroom setting and in the school community?

---

4. Has the student been recommended for educational evaluation to determine if special support/placement or tutoring would be beneficial?

Yes    No   If so, please explain:

---

---

5. Have the parents been in regular communication with yourself and/or the school?

---

---

Additional comments about the student that may help us understand suitability for our learning community:

---

Length of time acquainted with student:

Relationship to student:

Name (print):

Date:

Signature:

MM/DD/YY

---