



**Confidential**

# Teacher Recommendation Form

Applicants for Kindergarten & Grade 1  
ADMISSION FOR THE 2025-2026 SCHOOL-YEAR

**TO THE PARENT/ GUARDIAN:** Please complete the following portion of this form and give to your current teacher. Your signature acknowledges that you provide the teacher permission to share this information with our school and answer any additional questions our school might have about your child. Thank You.

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current School:** \_\_\_\_\_ **Grade Level for the 2024-2025 School Year:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO THE TEACHER:** This form was designed to allow an exchange of information about the student whose name appears above. Your candid assessment of the applicant is very helpful in our attempt to find school placement appropriate for both the student and family. All recommendations are reviewed with the full awareness that young children are constantly changing and developing. You may be contacted if we have questions about the child. This form needs to be completed and returned to All Saints School by mail, email, or fax.

I have known this child \_\_\_\_\_ years, \_\_\_\_\_ months.  
He/she is enrolled in our school \_\_\_\_\_ days per week, \_\_\_\_\_ hours per day.  
This class has \_\_\_\_\_ students and \_\_\_\_\_ teacher(s).

Your evaluation is used solely for the admissions process.

SKILLS	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Attention Span					
Ability to focus in group situations					
Participation in group discussions					
Ability to follow directions					
Completes tasks independently					
Respect for classroom rules					
Transition between activities					
Responds to behavioral direction					
Curiosity					
Ability to self start					
Enthusiasm for new activities					
Problem-solving ability					
Seeks assistance with task					
Takes responsibility					
Expresses ideas					
Grasps new concepts					
Uses materials appropriately					
Exhibits self-help skills					

Name of Child Applying for Admission: \_\_\_\_\_

PHYSICAL DEVELOPMENT	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Fine motor skills					
Gross motor skills					
Speech development (articulation)					

Social/ Emotional	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Exhibits courtesy and respect					
Shows empathy towards peers					
Interactions with teachers					
Works cooperatively with peers					
Demonstrates self-control					
Shares well without prompting					
Imagination/Creativity					
Demonstrates ability to read					
Demonstrates ability to follow					
Expresses feeling appropriately					
Shows self confidence					

Family Information	Consistently	Usually	Sometimes	Rarely	Comments
Communicates openly with school					
Participates in school activities					
Cooperates with classroom teacher					
Follows school rules and policies					

**Further comments (feel free to elaborate on the areas above or discuss academic readiness & potential):**

---



---



---



---



---

_____ Teacher's Name (please print)	_____ Signature
_____ School Phone Number	_____ School Email
_____ Fax	

Upon completion, please mail or fax this form. First round recommendation forms are due right away. Thank you for your time and care in completing this form.

Mail: All Saints School Admissions  
 601 NE Cesar E Chavez Blvd.  
 Portland OR 97232

Fax: 503-236-0781

Email: [admissions@allsaintsportland.com](mailto:admissions@allsaintsportland.com)