

TCPS Kindergarten Teacher Recommendation Questionnaire

Dear current teacher,

Please complete the following form to the best of your ability. If you would like to see the form's contents before beginning, you may scroll through via **the tabs above**. If you have any questions, please email info@tcps.org or call our office at 858-576-2120.

Child's Name

Gender of Child

First Name

Last Name

Parent/Guardian's Name

Current School's Name

First Name

Last Name

Current Teacher's Name

Current Teacher's Email

Part 1: Social/Emotional Development

Please select the number below that indicates the frequency of occurrence (within the last two weeks) for this child. If you are unsure about any of the following questions, please just give your best estimate.

1. Almost Never 2. Once in a While 3. Moderately Often 4. Most of the Time 5. Almost Always

1. Works/plays well alone
2. Accepts when things do not go his/her way
3. Difficulty sustaining attention
4. Disruptive during class
5. Expresses self freely
6. Completes projects/assignments
7. Friendly towards peers
8. Difficulty following directions
9. Easily soothed when upset
10. Names all letters of the alphabet when asked
11. Ignores teasing
12. Participates in class
13. Functions well with distractions
14. Makes friends easily

Social/Emotional Development (continued)

1. Almost Never 2. Once in a While 3. Moderately Often 4. Most of the Time 5. Almost Always

- 15. Has poor self-control
- 16. Appears sad
- 17. Counts to 20 when asked
- 18. Follows rules/limits
- 19. Offers to assist other children
- 20. Works/plays well without adult support
- 21. Works/plays well with others
- 22. Seeks attention from peers or teachers
- 23. Acts shy
- 24. Knows parts of a book when asked
(cover, title, where story starts, etc.)
- 25. Handles disappointment well
- 26. Quickly joins group activities
- 27. Follows classroom routines
- 28. Well-liked by classmates

Part 2: Classroom Activities

Please select a number to indicate how often within the last two weeks the child selected the following activities in the classroom.

1. Almost Never 2. Once in a While 3. Moderately Often 4. Most of the Time 5. Almost Always N/A

- 29. Blocks
- 30. Literacy
- 31. Dramatic Play
- 32. Science
- 33. Art
- 34. Water play
- 35. Sand play
- 36. Other

If other (above), please specify:

With whom does the child prefer to play?

- Alone
- With one other child
- With a variety of other children
- With adults

Use the toilet

Zip or button coat

Put toys away

Wash hands

Put on shoes

Count to 20

Use silverware appropriately

Say "please" and "thank you"

Name all letters of the alphabet

Identify parts of a book (cover,title, where story starts, etc.)

Part 3: Self-Expression

Please select a number to indicate how well the child expresses him or herself through the following means.

1. Not Well at All 2. Fairly Well 3. Well 4. Very Well 5. Extremely Well N/A

39. Language _____

40. Art

41. Movement

42. Other

If other (above), please specify:

Please use the space below to provide any additional information that is pertinent to understand this child.
