

Northshore Christian Academy

Teacher Recommendation Form: K – 1st Grades

A Ministry of Northshore Christian Church ~ www.northshorechristianschools.org
5700 – 23rd Drive West ~ Everett ~ WA ~ 98203
Phone: (425) 407-1119 Fax: (425) 322-2386



Thank you for taking the time to complete this evaluation. We find candid evaluation helpful to the admissions process. Please complete this confidential recommendation form and return it directly to Northshore Christian Academy. This information is for admissions use only and will not be part of the student's permanent record. Your professional opinion is extremely helpful in evaluating this candidate.

Name of Applicant: _____ Applying for Grade: _____
(Last Name) (First Name)

A. ATTENTION SPAN

- Focuses and maintains attention over time
- Attends with occasional teacher redirection
- Easily distracted by noise or movement of others and requires frequent teacher redirection

B. TASK PERSISTENCE

- Persists and completes tasks independently
- Attempts task with some encouragement
- Attempts task after much encouragement
- Refuses to attempt/complete task

C. DEGREE OF INDEPENDENCE

- Able to work on most tasks independently
- Requires occasional assistance to complete task
- Requires frequent assistance to complete task
- Needs constant supervision/guidance to complete task

D. PEER RELATIONSHIPS

- Works and/or plays well with others
- Friendly but reserved
- Has difficulty interacting with peers

E. ATTENTION TO DIRECTIONS IN TEACHER-DIRECTED ACTIVITIES

- Listens carefully to entire directions
- Attends only to brief directions
- Plunges ahead after hearing only portion of directions

F. COMPREHENSION OF DIRECTIONS IN TEACHER-DIRECTED ACTIVITIES

- Rapid comprehension of most directions, given age expectations
- Understands after several repetitions
- After several repetitions understands only partial directions

G. VERBALIZATION

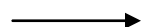
- Communicates ideas clearly
- Has difficulty expressing wants/needs
- Speech has sound substitutions
- Verbal interactions are inappropriate for age/situation

H. BODY MOVEMENT AT LISTENING TIMES

- Sits quietly
- Some squirming
- Much movement
- Out of seat: body constantly in motion

I. CONFIDENCE

- Very sure of self
- Confident with things known, attempts new things with encouragement
- Reluctant to try new or difficult things
- Very uncertain; Needs much encouragement



1. Please comment on the individual strengths of this student.

2. Are there activities that appear difficult for this child? Please explain.

3. Please comment on this child's emotional and social maturity.

4. Has this family been a supportive partner in reaching this child's goals this year?

5. Please complete the following by checking the most appropriate for the indicated behavior.

	Usually	Occasionally	Rarely
Exhibits self-control in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate in work and play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you have any comments or reservations about this child that you feel warrants a discussion with us, please give us a phone number where we may contact you. _____

Teacher's Name: _____ Date: _____

Title/Position: _____

School: _____

Thank you for your assistance in providing us with information.

Please send completed form via one of the following options:

Fax to: 425.322.2386
 Email a scanned copy to: dchristian@northshorechristian.org
 Mail to: **Northshore Christian Academy**
 Attn: Director of Admissions
 5700 – 23rd Drive West
 Everett, WA 98203