



**BLACK PINE
CIRCLE SCHOOL**

TEACHER RECOMMENDATION INSTRUCTIONS

To Parent/Guardian: Please send the confidential teacher recommendation form to a current or former teacher.

To the person completing the form: The student is applying to Black Pine Circle School. Please complete the confidential teacher recommendation form. Recommendations can be emailed to: admissions@blackpinecircle.org

or mailed to:

**Black Pine Circle School
Attn: Admissions
2027 7th Street
Berkeley, CA 94710**



The Academy • AIM • The Athenian School • Aurora School • Bentley School • Berkwood Hedge School • Black Pine Circle School
 The Berkeley School • The Berkeley Rose Waldorf School • Contra Costa Jewish Day School • Crestmont School • The Crowden School
 East Bay School for Boys • East Bay Waldorf • Ecole Bilingue de Berkeley • Escuela Bilingue Internacional • Fountainhead Montessori • Grand Lake Montessori School
 Head-Royce School • Mills College Children's School • Montessori Family School • Northern Light School • Orinda Academy • Pacific Boychoir Academy • Park Day School
 Pear Tree Community School • Prospect Sierra School • Raskob School • Redwood Day School • The Renaissance International School • Rising Star Montessori
 The Saklan School • Seven Hills School • Shu Ren International School • St. Paul's Episcopal School • Valley Montessori • Walden Center & School

Confidential Teacher Recommendation Form for Kindergarten

NAME OF STUDENT _____ APPLYING FOR KINDERGARTEN.

To the parent/guardian: Please submit this form to a teacher or director of the preschool your child currently attends.

I/we understand that we may not look at this recommendation form and assure the person completing this form and the school that we will not try to do so. We give permission for the preschool to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent school record.

Name of student's parent or guardian (please print) _____ Phone Number _____

Signature of student's parent or guardian _____ Date _____

To the person completing this form: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your assistance and cooperation.

MARK ALL THAT MOST CONSISTENTLY DESCRIBE THIS CHILD:

<input type="checkbox"/> Enjoys large motor activities	<input type="checkbox"/> Enjoys small motor activities	<input type="checkbox"/> Positive member of the classroom
<input type="checkbox"/> Responsive to classroom limits	<input type="checkbox"/> Responsive to teacher directions	<input type="checkbox"/> "Goes with the flow"
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Resilient	<input type="checkbox"/> Short tempered
<input type="checkbox"/> Confident	<input type="checkbox"/> Observer	<input type="checkbox"/> Patient
<input type="checkbox"/> Defiant	<input type="checkbox"/> Positive interaction with peers	<input type="checkbox"/> Positive relationships with adults/teachers
<input type="checkbox"/> Aware of others' needs	<input type="checkbox"/> Easily frustrated	<input type="checkbox"/> Physically hurtful when frustrated
<input type="checkbox"/> Enthusiastic about learning	<input type="checkbox"/> Can't sit still	<input type="checkbox"/> Hits or bites
<input type="checkbox"/> Slow to warm up		

What other words come to mind to describe this child?

SOCIAL/EMOTIONAL DEVELOPMENT	ALWAYS	OFTEN	SOMETIMES	NEVER
Works and plays cooperatively				
Enters group activities appropriately				
Cries when frustrated				
Chooses to be alone				
Tends to lead				
Tends to follow				
Uses words to resolve a conflict				
Is able to be redirected by teacher				
Accepts responsibility for behavior				
Is able to solve problems without adult help				

Please add additional information from your observations and interactions with this child:

APPROACH TO LEARNING	ALWAYS	OFTEN	SOMETIMES	NEVER
Tries new activities of own choice				
Needs help to be on task with own choice				
Tries new activities that are teacher-directed				
Needs teacher support to stay on task				
Makes transitions easily				
Follows classroom routines				

Comments:

LANGUAGE DEVELOPMENT	ALWAYS	OFTEN	SOMETIMES	NEVER
Understands and follows oral directions				
Is able to communicate ideas, feelings, and needs				
Speech is easily understood				

Comments:

OTHER	ALWAYS	OFTEN	SOMETIMES	NEVER
Responsible for belongings (i.e., coat, lunchbox)				
Toilets independently				
Is willing to participate in room clean-up				
Separates easily from parent(s) at drop-off				
Parent(s) set limits with child				
Child responds to limits of parent(s)				
Parent(s) respectful of teacher(s) and school				
Parent(s) responsive to teacher feedback				
Parent(s) contribute to preschool and classroom				
Parent(s) support classroom systems and expectations (i.e., arriving on time, follow through with school requests, pick up on time)				
Parent(s) agree with your view of the child				

Comments:

Have you made, or do you plan to make, any recommendations for professional support or assessment? Yes ___ No ___

Please comment and/or state reasons for any referrals.

Is English the child's primary language spoken at home? If not, what language is primary? Yes ___ No ___

___ There is additional information that can be better conveyed in a phone conversation.

Best hours to reach me are _____ at this phone number _____.

___ The form conveys the information I have to share about the student. It's okay to call me if you have questions.

Best hours to reach me are _____ at this phone number _____.

Please feel free to add any other comments.

All EBISA schools will abide by the confidentiality of this Recommendation Form

Signature	School
Print Name	Address
Position	City/State
Email	Zipcode
Date	Phone
	When did you teach the student? From _____ to _____