



Date: _____

Teacher/Childcare Provider Recommendation Form

(To be completed by applicant's current childcare provider)

Student's Name: _____	Grade this fall: _____
Provider's Name: _____	Signature: _____
School/Daycare: _____	Phone: _____
Teacher Email: _____	

May we contact you for additional information, if necessary? Yes No

1. I have known this child for _____ years.

2. Briefly summarize the child's **cognitive strengths and challenges**.

3. Describe this student's **ability to focus on and complete a task**.

4. Describe this child's **ability to work independently**.

5. Does this child or has this child ever received any **outside learning services including Early Intervention services** (e.g. physical or occupational therapy, speech and/or language therapy)? If yes, please explain.

6. Have you observed any signs of **learning differences**? If yes, please explain.

7. Do you have concerns about the child's **physical or emotional development**? If yes, please explain.

8. Please state any **behavioral difficulties**.

9. Is this child currently on **medication** or previously been on medication? If yes, please explain.

10. Please provide any **additional information or comments** to help us get to know this child better.

11. Please describe the child's **sleeping habits**.

12. Please describe the child's **eating habits**.

13. What age did this child **start walking**? _____

14. What age did this child **start talking**? _____

15. Child's **primary language**: _____ Other language(s) spoken: _____

16. Please complete the tables by circling the best response.

1. maturity relative to age	very mature	normal maturity	somewhat immature	very immature
2. curiosity	strong and varied	in one area only	occasional spark	limited
3. verbal skills	exceptional	good	some difficulty	limited
4. follows directions	quickly and correctly	occasionally needs help	needs much explanation	cannot or does not follow direction
5. attention span	exceptional	usually good	occasionally distracted	easily distracted
6. transitions from activities	transitions easily	needs help occasionally	occasionally has difficulty	transitions are difficult
7. response to other children	very social	somewhat social	occasionally social	no interest in others
8. separation from parents	not a problem	only in the beginning	frequently a problem	always a problem
9. toileting habits	independent	mostly independent	require assistance	shows no interest
10. attendance	excellent	very good	fair	poor

When program or activity benefits children by using special services apply to all program, services and activities. If you are unable to provide the program information (such as large print, audiotape, American sign language, etc.) should contact the responsible Agency or USDA's TARGET center at (202)720-2600(voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English. To file a discrimination complaint, Complete the USDA Program Discrimination Complaint Form, AD-3027, found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by: 1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, 2) Fax: (202)690-7442; or 3) Email: program.intake@usda. USDA is an equal opportunity provider, employer, and lender.