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.

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