



Teacher Recommendation Form – Grades K-1

Child's Name _____ Birthdate _____ Applying to Grade _____

To the Parent/Guardian – please read and sign below, then send this form to your child's teacher(s)

For the child named above, I give permission for you to release the information on this form to Caulbridge School as part of my application process. I understand I will not have access to this confidential information. In addition, I permit my child's current school staff to speak with any inquiring staff at Caulbridge School. All communication between schools will remain confidential and I will not have access to the content of any conversation.

Parent Name _____ Date _____

Parent Signature _____

To the Teacher – please complete and submit this form directly to Caulbridge School, admissions@caulbridgeschool.org. We appreciate your cooperation in helping to evaluate this applicant and assure that all information will be held in confidence. Please be sure that the parent/guardian has signed above.

How long have you known this child? _____

Briefly describe this child (a few characteristics or phrases is sufficient):

Please check the box that most indicates your experience of this child:

Pre-academic Characteristics	Did not observe	Not developed	Age-Appropriate	Advanced
Fine motor coordination (lacing, puzzles, etc.)				
Curiosity				
Recalls stories (memory)				
Speech is clear and understandable				
Handles transitions				
Listening				
Sound/symbol correspondence				

Please check the box that most indicates your experience of this child:

Social and Physical Characteristics	Did not observe	Not developed	Age-Appropriate	Advanced
Separating from parent/caregiver				
Able to share/work with others				
Body and space awareness				
Balance, gait, fluidity of movement				
Respect for others				

Please check the box that most indicates your experience of this child:

Family Information	Did not observe	Rarely	Usually
Has realistic expectations for child			
Communicates openly with the school			

Child's greatest strengths:

Child's challenges:

Describe the child's approach to learning (hands on, visual, kinesthetic, auditory) and what kind of learning environment is a good match for this child:

Teacher Comments:

If there is any information that would be better communicated in a phone conversation, please feel free to contact us at 415-481-1243.

School Name: _____

Your Name: _____ Role: _____ Date: _____

Signature: _____