

Student's Name

Teacher Recommendation Form - Kindergarten

Scoring Scalo				
Scoring Scale Required)	Rarely	Some of the Time	Most of the Time	All of the Time
BEHAVIOR				
Follows Oral Directions				
Listens Attentively Without Interrupting				
Works Independently				
Works Cooperatively Within a Group				
Verbalizes Needs, Wants, and Ideas				
PHYSICAL DEVELOPMENT				
Use of Fine Motor Skills				
Use of Gross Motor Skills				
Use of Complete Sentences & Descriptive Words				
COGNITIVE SKILLS				
Identifies All Uppercase Letters				
Identifies All Lowercase Letters				
Recognizes Sound/Symbol Relationship				
Building Sight Vocabulary				
Writes Name				
Uses Inventive Spelling				
MATHEMATICS				
Matches Objects in 1 to 1 Correspondence				
Identifies Numerals 1 - 10				
Identifies Greater Than & Less Than				
What are the student's strengths: What are the student's weaknesses:				

Teacher's Signature

Date