

Cedar Crest Academy



Pre-Primary Teacher Recommendation Form 2022-2023

Parent/Guardian: Application Information

Please complete the upper portion of this form only. The rest of the form should be completed and returned (**separately from your application**) by your child's current teacher or caregiver.

Applicant's Name:

School Year Applying For:

Grade Applying For:

☐

Bellewood Campus

Kristine@cedarcrestacademy.org

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Park Highland Campus

hcansler@cedarcrestacademy.org

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Kirkland Campus

Jenna@cedarcrestacademy.org

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Redmond Campus

Rebecka@cedarcrestacademy.org

Teacher/Caregiver:

The student listed above has applied for admission to Cedar Crest Academy's Pre-Primary Program. We are an academically accelerated program and want to ensure our school is a good fit for each child. As such, we place a high value on the feedback that you, as a teacher, can give us regarding this child. Please note that all of the information provided in this recommendation will be kept entirely confidential.

1.) How long have you known the applicant (years_____months_____) and in what capacity?

2.) Please comment on the applicant's personal strengths.

Teacher Recommendation:

3.) Please comment on the applicant's academic readiness with respect to language, literacy, and mathematical understanding.

4.) Please tell us how the applicant responds to both structured and unstructured activities.

5.) What have been your most successful methods of working cooperatively with this child's parents? How have the parents contributed to your program/classroom?

6.) Are the parent's expectations of their child consistent with yours?

Teacher Recommendation:

7.) Is there anything special about this child that a new school should know? Please include any behavior and/or social issues the child may have had while in your class and whether this child works with an aid for any reason.

8.) Please check the phrases below that describe this child (please check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Able to feed themselves at mealtime | <input type="checkbox"/> Able to dress/undress him or herself |
| <input type="checkbox"/> Able to go to the bathroom independently | <input type="checkbox"/> Able to communicate his or her needs to an adult |
| <input type="checkbox"/> Able to sit for a structured activity for 15 minutes | <input type="checkbox"/> Able to comfortably separate from parent |
| <input type="checkbox"/> Interacts positively with adults | <input type="checkbox"/> Interacts positively with peers |

Thank you for taking the time to complete this application to help acquaint us with this child.

Name of Program

Name of Teacher/Caregiver

Date

Phone Number

May we contact you with any questions?

☐ Yes ☐ No

Please scan and email this form to the campus to which you are applying no later than **February 4, 2022**. Email addresses are listed on the first page of the Teacher Recommendation Form.