



PO Box 770723 Steamboat Springs, CO 80477 Phone (970) 879-8081 [www.emeraldmountainschool.org](http://www.emeraldmountainschool.org)

## CONFIDENTIAL TEACHER RECOMMENDATION FORM KINDERGARTEN – 5<sup>TH</sup> GRADE

To the Parent/Guardian: Please type or print your student's name and give this form to your current school's office with a stamped envelope addressed to Emerald Mountain School, Director of Admissions. Teachers can also email forms directly to [dgooding@emeraldmountainschool.org](mailto:dgooding@emeraldmountainschool.org).

NAME OF APPLICANT \_\_\_\_\_ APPLYING TO GRADE \_\_\_\_\_

NAME OF CURRENT SCHOOL \_\_\_\_\_

**To the Parent/Guardian:** Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report. I further hereby release the above school from all liability pertaining to the disclosure of this information.

SIGNATURE OF APPLICANT'S PARENT/GUARDIAN \_\_\_\_\_

**To the Teacher:** Please complete this form or write a letter using this form as a guide. This information will only be reviewed by Emerald's admission committee and will not become part of the student's permanent record. Thank you for your cooperation and candor.

<b>Social/emotional Development</b>	<b>NOT APPLICABLE</b>	<b>AREA OF CONCERN</b>	<b>PROGRESSING</b>	<b>AGE APPROPRIATE</b>	<b>AREA OF STRENGTH</b>
Separates easily from parents/guardian					
Transitions easily					
Can follow multistep directions					
Cooperative in work/play					
Demonstrates self-control					
Seeks help when needed					
Self-confidence					
Shows empathy					
Relates well with adults					
Relates well to peers					
Respects rules and boundaries					
Responds well to help and/or correction					
Participates in class					
Resolves conflicts with words					
<b>Approach to Learning</b>	<b>NOT APPLICABLE</b>	<b>AREA OF CONCERN</b>	<b>PROGRESSING</b>	<b>AGE APPROPRIATE</b>	<b>AREA OF STRENGTH</b>
Is attentive					
Listens effectively in a group					
Contributes to discussions					
Follows directions					

<b>Approach to Learning (cont'd)</b>	<b>NOT APPLICABLE</b>	<b>AREA OF CONCERN</b>	<b>PROGRESSING</b>	<b>AGE APPROPRIATE</b>	<b>AREA OF STRENGTH</b>
Uses independent time well					
Can focus on one task					
Perseveres through difficult tasks					
Shows ability to organize					
Self-starter					
Enjoys new challenges					
Shows curiosity					
<b>Motor Skills</b>	<b>NOT APPLICABLE</b>	<b>AREA OF CONCERN</b>	<b>PROGRESSING</b>	<b>AGE APPROPRIATE</b>	<b>AREA OF STRENGTH</b>
Fine Motor Skills					
Gross Motor Skills					
<b>Parent/Guardian Support</b>	<b>NOT APPLICABLE</b>	<b>AREA OF CONCERN</b>	<b>PROGRESSING</b>	<b>AGE APPROPRIATE</b>	<b>AREA OF STRENGTH</b>
Reliability of attendance					
Promptness in arriving at school					
Supports school policies and goals					
Works cooperatively with teacher					
Supports student academically					

Please describe the areas in which the child excels:

Please discuss any specific areas for growth:

Should the Admissions Committee be made aware of any factors that have had a significant impact, positive or negative, on the student's academic or social progress? If so, please explain.

Is there additional information that may be better conveyed in a phone conversation? \_\_\_\_\_  
If yes, what phone number and hours would be best for us to reach you?

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I recommend this student	Not at All	With Reservation	With Confidence	Enthusiastically
For academic ability and potential				
For character and personal promise				
Overall				

Name \_\_\_\_\_ School \_\_\_\_\_

Position \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Admissions Office, Emerald Mountain School, PO Box 770723, Steamboat Springs, CO 80477 Phone 970.879.8081 Email: [dgooding@emeraldmountainschool.org](mailto:dgooding@emeraldmountainschool.org)