



**EPISCOPAL**  
COLLEGIATE SCHOOL

**CONFIDENTIAL  
TEACHER RECOMMENDATION FORM  
EARLY CHILDHOOD - GRADE 1**

Name of Applicant \_\_\_\_\_ Applicant for Grade \_\_\_\_\_

**Parent or Guardian**

**Parent or Guardian: Please write your child's name in the space above and read and sign the following before giving this to your child's teacher. Please include a stamped envelope addressed to:**

**Episcopal Collegiate School  
Lower School Admission  
1701 Cantrell Road  
Little Rock, AR 72201**

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used during the application process only and will not become a part of the applicant's permanent file. I also agree that this form will not be available to applicants, parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

\_\_\_\_\_  
*Name of Parent of Guardian*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**Teacher**

**Teacher: Please complete this confidential form and return it by November 30 or within seven days if received after November 30.** In order to give you time to get to know the applicant better, we ask that you not complete this form before November 1. This teacher recommendation will be treated confidentially and will not be shared with students or parents. You may wish to keep a copy for your records. Thank you for your cooperation and honesty. **The child's application cannot be processed until this form is received in the Admission Office.**

| <i>Social Skills</i>                       | <i>Area of Strength</i> | <i>Age Appropriate</i> | <i>Progressing</i> | <i>Area of Concern</i> | <i>Comments</i> |
|--|-------------------------|------------------------|--------------------|------------------------|-----------------|
| Self-esteem                                |                         |                        |                    |                        |                 |
| Acceptance of limits                       |                         |                        |                    |                        |                 |
| Self-motivation                            |                         |                        |                    |                        |                 |
| Ability to work independently              |                         |                        |                    |                        |                 |
| Interaction with peers                     |                         |                        |                    |                        |                 |
| Interaction with teachers                  |                         |                        |                    |                        |                 |
| Uses words to express feelings             |                         |                        |                    |                        |                 |
| Internalization of classroom routine       |                         |                        |                    |                        |                 |
| Separation from parents/caregivers         |                         |                        |                    |                        |                 |
| Ability to share and work cooperatively    |                         |                        |                    |                        |                 |
| Ability to wait for turn                   |                         |                        |                    |                        |                 |
| Respect for property (personal and others) |                         |                        |                    |                        |                 |
| Accepts responsibility for actions         |                         |                        |                    |                        |                 |
| Sense of humor                             |                         |                        |                    |                        |                 |
| Curiosity                                  |                         |                        |                    |                        |                 |
| Attention span – self-chosen activity      |                         |                        |                    |                        |                 |
| Attention span – assigned activity         |                         |                        |                    |                        |                 |
| Cooperative attitude                       |                         |                        |                    |                        |                 |
| Leadership skills                          |                         |                        |                    |                        |                 |
| Makes transitions easily                   |                         |                        |                    |                        |                 |
| Ability to focus in small group            |                         |                        |                    |                        |                 |

Name of Applicant: \_\_\_\_\_ Applicant for Grade: \_\_\_\_\_

Usually chooses to work in: \_\_\_\_\_ large group      \_\_\_\_\_ small group      \_\_\_\_\_ alone  
 Usually takes the role of: \_\_\_\_\_ leader      \_\_\_\_\_ follower      \_\_\_\_\_ varies  
 Hand dominance: \_\_\_\_\_ right      \_\_\_\_\_ left      \_\_\_\_\_ not yet established

- Describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern?

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**Physical Development**

| <i>Physical Development</i>                     | <i>Area of Strength</i> | <i>Age Appropriate</i> | <i>Progressing</i> | <i>Area of Concern</i> | <i>Comments</i> |
|---|-------------------------|------------------------|--------------------|------------------------|-----------------|
| Fine motor coordination (lacing, puzzles, etc.) |                         |                        |                    |                        |                 |
| Draws with details                              |                         |                        |                    |                        |                 |
| Uses appropriate pencil grip                    |                         |                        |                    |                        |                 |
| Gross motor coordination                        |                         |                        |                    |                        |                 |
| Body/space awareness                            |                         |                        |                    |                        |                 |
| Balance, gait, fluidity, smoothness of movement |                         |                        |                    |                        |                 |
| Participates in physical group activities       |                         |                        |                    |                        |                 |

- Please describe any notable physical strengths or weaknesses: visual, auditory, and/or kinesthetic.

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**Circle the words that best describe this applicant:**

|            |              |                   |              |
|------------|--------------|-------------------|--------------|
| Articulate | Flexible     | Detached          | Aggressive   |
| Cheerful   | Good-natured | Easily frustrated | Determined   |
| Confident  | Respectful   | Over protected    | Impulsive    |
| Courteous  | Spirited     | Serious           | Oppositional |

- This applicant is:  Strongly recommended     Recommended     Recommended with reservation     Not recommended

- Is there anything regarding the applicant that would be helpful for the Admission Committee to know?

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- Is there anything regarding the family that would be helpful for the Admission Committee to know?

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\_\_\_\_\_  
*Signature of Teacher*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Position at School*

\_\_\_\_\_  
*Name of School*

\_\_\_\_\_  
*School Telephone Number*

\_\_\_\_\_  
*Street Address of School*

\_\_\_\_\_  
*City, State and Zip*

Thank you for your time and effort in completing this assessment. If you have any questions or need further assistance, please call the Admission Office at (501) 372-1194.