INTERNATIONAL SCHOOL OF SAN ANTONIO

Preschool & PreK Admissions Evaluation

TEACHER RECOMMENDATION

Confidential Document

Child's Full Name: _____ **Date of Birth:** _____

Current School / Program: _____ **Primary Classroom Language:** _____

Parent/Guardian Waiver: I understand that the information shared in this evaluation is strictly confidential, will be used solely for admissions evaluation and instructional planning, and will not be disclosed to parents or third parties.

Parent/Guardian Signature: _____ **Date:** _____

1. SOCIAL-EMOTIONAL DEVELOPMENT

Please evaluate how frequently the child demonstrates the following social and emotional behaviors:

Behavioral / Social Skill	Advanced (Exceeds expectations)	Age Appropriate (Meets expectations)	Emerging (Developing skill)	Needs Development	No Basis for Judgment
Is comfortable interacting with teachers and adults	☐	☐	☐	☐	☐
Plays cooperatively and constructively with peers	☐	☐	☐	☐	☐
Plays productively and happily independently	☐	☐	☐	☐	☐
Shares materials and classroom resources with others	☐	☐	☐	☐	☐
Engages creatively in imaginative or pretend play	☐	☐	☐	☐	☐
Demonstrates turn-taking ability during games & activities	☐	☐	☐	☐	☐
Demonstrates age-appropriate self-control and emotional regulation	☐	☐	☐	☐	☐

2. APPROACHES TO LEARNING & CLASSROOM HABITS

Please evaluate how consistently the child demonstrates the following learning habits:

Learning Habit / Behavior	Advanced (Exceeds expectations)	Age Appropriate (Meets expectations)	Emerging (Developing skill)	Needs Development	No Basis for Judgment
Responds appropriately to classroom rules and expectations	☐	☐	☐	☐	☐
Follows daily classroom routines with increasing independence	☐	☐	☐	☐	☐
Follows 1- to 2-step verbal directions accurately	☐	☐	☐	☐	☐
Listens attentively in group settings (e.g., circle time)	☐	☐	☐	☐	☐
Sustains focus on an assigned or chosen task/activity	☐	☐	☐	☐	☐
Transitions smoothly between activities and spaces	☐	☐	☐	☐	☐
Shows curiosity and willingness to attempt new or challenging tasks	☐	☐	☐	☐	☐

3. LANGUAGE & COMMUNICATION DEVELOPMENT

Please evaluate how effectively the child demonstrates the following communication skills:

Communication Skill	Advanced (Exceeds expectations)	Age Appropriate (Meets expectations)	Emerging (Developing skill)	Needs Development	No Basis for Judgment
Expresses needs, feelings, and ideas clearly in spoken language	☐	☐	☐	☐	☐
Articulates speech clearly and comprehensibly to adults and peers	☐	☐	☐	☐	☐
Participates actively in group conversations, stories, and discussions	☐	☐	☐	☐	☐

4. PHYSICAL & MOTOR DEVELOPMENT

Please evaluate the child's level of proficiency in demonstrating the following motor skills:

Motor Skill Domain	Advanced (Exceeds expectations)	Age Appropriate (Meets expectations)	Emerging (Developing skill)	Needs Development	No Basis for Judgment
Fine Motor Skills: Demonstrates hand-eye coordination and tool control (e.g., pencil grip, scissors, beads)	☐	☐	☐	☐	☐
Gross Motor Skills: Demonstrates large muscle control, balance, and movement (e.g., running, jumping, catching)	☐	☐	☐	☐	☐

5. FAMILY & SCHOOL PARTNERSHIP

Please evaluate how consistently the child's family/guardians demonstrate the following:

Partnership Indicator	Definitely	Sometimes	Rarely	Never	No Basis for Judgment
Maintain realistic and supportive expectations for child's development	☐	☐	☐	☐	☐
Show receptiveness to teacher guidance and school recommendations	☐	☐	☐	☐	☐
Participate actively in school events, conferences, and activities	☐	☐	☐	☐	☐
Maintain punctual arrival and drop-off / pick-up routines	☐	☐	☐	☐	☐
Communicate respectfully and constructively with school staff	☐	☐	☐	☐	☐

1. Commentary on ratings marked "Emerging" or "Needs Development" (if applicable):

2. What do you see as the child's primary developmental strengths?

3. What areas or skills currently present the greatest challenge for the child?

4. Additional Comments / Context (e.g., attendance patterns, developmental support, language background):

Recommender Name: _____ **Title/Role:** _____

School Name & Address: _____

Phone Number: _____ **Years Teaching ECE:** _____

Duration Knowing Student: _____ **Date:** _____

Teacher Signature: _____

Please send completed form directly to: **Caroline Olivares** • International School of San Antonio • Email: **admissions@issatx.org**