

**TEACHER'S RECOMMENDATION**  
*For Kindergarten or First Grade Applicants*

**TO THE PARENTS:**

**Please submit this questionnaire to your child's current teacher after completing sections 1, 2 and 3.**

1. Applicant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Applying for Grade \_\_\_\_\_ Applying for School Year \_\_\_\_\_  
  
Current School \_\_\_\_\_ Current Grade \_\_\_\_\_  
Head of School \_\_\_\_\_ Phone \_\_\_\_\_  
Teacher(s) \_\_\_\_\_ Fax \_\_\_\_\_

**2. As part of the admissions process for Louisville Independent Schools, authorize release of this form.**

*I hereby give permission for you to release the information on this form concerning my child to the school(s) checked below. I, the parent, understand that I will not have access to this confidential information and that it will not become part of my child's permanent record.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. Indicate the Louisville Independent School(s) to which you want this form sent.**

- Chance School**  
4200 Lime Kiln Lane                      Louisville, KY 40222      Phone (502) 425-6904      Fax (502) 326-5462
- The de Paul School**  
1925 Duker Avenue                      Louisville, KY 40205      Phone (502) 459-6131      Fax (502) 458-0827
- Louisville Collegiate School**  
PO Box 4369                              Louisville, KY 40204      Phone (502) 479-0340      Fax (502) 454-8549
- Meredith-Dunn School**  
3023 Melbourne Avenue              Louisville, KY 40220      Phone (502) 456-5819      Fax (502) 456-5953
- St. Francis School**  
PO Box 70                                  Goshen, KY 40026      Phone (502) 228-1197      Fax (502) 228-1197
- Walden School**  
4238 Westport Road                      Louisville, KY 40207      Phone (502) 893-0433      Fax (502) 895-8668

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**TO THE TEACHER:**

Please complete this form and send it (or a copy) to the school(s) checked by the child's parents. We appreciate your frank response and consider your comments an important part of the candidate's application. If you have questions or wish to communicate further with a particular school, please do not hesitate to call. Thank you.

How long have you known this child? \_\_\_\_\_

Current class \_\_\_\_\_ Days per week \_\_\_\_\_ Length of school day \_\_\_\_\_

What are the first words that come to mind when you think of this child?

What play activities and learning opportunities does this child prefer?

What play activities and learning opportunities does this child avoid?

How does this child handle transitions and challenges?

Do parents participate in conferences and find ways to support the school program?

Describe the most important areas of growth or accomplishment this child has made in your classroom.

Please add any other comments that would help us know this child better (such as strengths, areas of concern, overall development, pertinent health factors).



Social and Emotional Development

|   | <b>Exceeds Expectations</b> | <b>Age Appropriate</b> | <b>Needs Development</b> | <b>Possible Area of Concern</b> |
|---|-----------------------------|------------------------|--------------------------|---------------------------------|
| Shares  |                             |                        |                          |                                 |
| Uses imagination  |                             |                        |                          |                                 |
| Demonstrates curiosity                                  |                             |                        |                          |                                 |
| Shows self-confidence                                   |                             |                        |                          |                                 |
| Works cooperatively w/teachers                          |                             |                        |                          |                                 |
| Works cooperatively w/peers                             |                             |                        |                          |                                 |
| Works independently                                     |                             |                        |                          |                                 |
| Works/plays in small groups                             |                             |                        |                          |                                 |
| Works/plays in large group                              |                             |                        |                          |                                 |
| Accepts limits and school routines                      |                             |                        |                          |                                 |
| Uses self-control: structured time<br>unstructured time |                             |                        |                          |                                 |
| Resolves conflicts independently                        |                             |                        |                          |                                 |
| Accepts responsibility                                  |                             |                        |                          |                                 |
| Shows care/concern for others                           |                             |                        |                          |                                 |
| Separates from parent                                   |                             |                        |                          |                                 |

I recommend this student \_\_\_\_\_ with reservation (Please explain, if checked.)  
 \_\_\_\_\_ without reservation  
 \_\_\_\_\_ with great enthusiasm

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

Please indicate telephone number and hours you could be reached for consultation, if needed: