

Preschool through Kindergarten Confidential Recommendation

TO THE PARENT / GUARDIAN

Please complete the following information before giving it to your child's current Pre-K Teacher/Director. Provide the recommender a list of schools and email addresses to which to send this recommendation or instructions for how to upload this recommendation to each school's online application system.

Name of Applicant /	Applicant for	Grade in Fall 2026			
Current Preschool/School Name					
Address					
City S	State	Zip			
For the student name above, I waive my rights to read or seek ac	cess to this Confidential Reco	mmendation now or in the future.			
Parent/Guardian Authorization Signature		Date			
TO THE PRESCHOOL / PRE-K TEACHER / DIRECTOR The Los Angeles Area Independent Schools consortium — https: common form to better allow an open exchange of information ab this evaluation is extremely helpful. It is important to all of us that the student and the family. We greatly appreciate your time and e information about any legally protected statuses of the applicant, gender identity, gender expression, and sexual orientation. Your i Please know that the professional comments you share will be he and we thank you in advance for your assistance and cooperation. Please complete this form after November 1, 2025, but no late	the child's next school placem the child's next school placem iffort to complete and return the including but not limited to rac nsights and observations are in all in confidence to the extent in.	appears above. Your completion of nent be an appropriate one for both is form. Please do not include be, ethnicity, national origin, disability, important to all of us. legally and reasonably possible			
To protect the integrity of this recommendation, be sure to save the Name of Teacher or Director		•			
School & Title	•				
Email address	Phone number				
First date of child's enrollment in your school	How long have you known this child?				
Days and times this child attends school (ex. M–F, 9am–3:30pm)					
Number of students in this child's classroom	Student:Teacher ratio in this	child's classroom			
Which program best describes this child's current classroom?	□ Preschool □ □	TK/DK/Pre-K □ Kindergarten			
Which program do you feel this child will be ready for in the Fall of 2026? □ TK/DK/Pre-K □ Kindergarten □ Other					

□ Check here if you would like us to call you to discuss this student in greater detail. Your judgments are used solely for the admissions process.

SOCIAL-EMOTIONAL DEVELOPMENT	CONSISTENTLY	USUALLY	WITH MINIMAL SUPPORT	REQUIRES TEACHER SUPPORT
Self-regulates	\circ	0	\circ	0
Transitions easily	\circ	0	\circ	0
Works cooperatively with peers	\circ	0	\circ	0
Works cooperatively with teachers	\circ	0	\circ	0
Separates from parents/guardians/caregivers	\circ	0	\circ	0
Able to identify feelings	\circ	0	\circ	\circ
Shows empathy	\circ	\circ	0	0
Tolerates frustration	\circ	0	\circ	0
Ability to bounce back from set-backs (resilience)	\circ	\circ	\circ	0
Exhibits self-control	\circ	\circ	0	\circ
Understands and takes responsibility for one's action	s O	0	\circ	\circ
Is able to be reflective/engages in conflict resolution	\circ	\circ	\circ	0
Can understand and solve problems	\circ	\circ	0	\circ
Ability to lead	\circ	\circ	\circ	0
Ability to follow	\circ	\circ	0	\circ
Sense of humor	0	\circ	0	\circ
Shows kindness to others	\circ	\circ	0	\circ
Has healthy peer relations	0	\circ	0	\circ
Able to consider other perspectives/points of view	0	\circ	0	\circ
Is open to new ideas/adapts/integrates/builds on	\circ	\circ	0	0
Takes appropriate risks	\circ	0	\circ	\circ
Functions independently (toileting, washing hands) accessing lunch, eating, cleanup)	0	0	0	0

PHYSICAL DEVELOPMENT	CONSISTENTLY	USUALLY	WITH MINIMAL SUPPORT	REQUIRES TEACHER SUPPORT
Fine motor control	\circ	\circ	0	0
Gross motor control	0	\circ	0	0
Balance and coordination	0	\circ	0	0
Hand-Eye coordination	0	\circ	\circ	0
Has spatial awareness? (self)	○ YES	\bigcirc NO		
Has spatial awareness? (In relation to others)	○ YES	\bigcirc NO		
Handedness established?	CLEFT	○ RIGHT	\bigcirc NO	
COGNITIVE DEVELOPMENT	CONSISTENTLY	USUALLY	WITH MINIMAL SUPPORT	REQUIRES TEACHER SUPPORT
Able to stay on topic	0	\circ	0	0
Articulates clearly	0	0	\circ	0
Expresses ideas and feelings orally	0	\circ	\circ	0
Sustains attention in small groups	0	\circ	\circ	0
Sustains attention in large groups	0	0	\circ	0
Follows multi-step directions	0	\circ	\circ	0
Shows effort and doesn't give up	0	\circ	\circ	0
Uses materials appropriately	0	\circ	\circ	0
Grasps concepts presented	0	\circ	\circ	0
Recalls details	0	\circ	\circ	0
Recognizes numbers and letters	0	\circ	\circ	0
Open to trying new things	\circ	\circ	\circ	0
Flexible thinking	0	\circ	\circ	0
Comments (optional)				

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We understand that childrer	r develop ili dillerelli	. ways. III tillik	ing about tins	, cillia at tills ille	, p. c. c. c	10001100
this child in three words:						
and/or please feel free to ch	eck any adjectives fi	rom the list bel	ow:			
□ Adaptable	□ Curious	□ High energy		□ Polite		
□ Affectionate	□ Enthusiastic	□ Introverted		□ Quiet		
□ Agreeable	□ Even-tempered	□ Joyful □ Low energy □ Outgoing		□ Reserve	d	
□ Attentive	Extroverted			□ Sophistic		
□ Cautious	□ Firm			□ Talkative		
□ Center of attention	□ Fun	□ Persistent		□ Timid		
FAMILY INFORMATION		CONSISTENTLY	USUALLY	SOMETIMES	RARELY	N/A
Has reasonable expectations	of the school	\circ	\circ	\circ	\circ	\circ
Has reasonable expectations	of their child	\circ	\circ	0	\circ	\circ
Follows the rules and policies	of the school	\circ	0	0	\circ	\circ
Cooperates with teachers		\circ	0	0	\circ	\circ
Cooperates with administration	n	\circ	0	0	\circ	\circ
Participates in school activities	3	0	0	0	\circ	\circ
ls well-regarded by other pare	well-regarded by other parents in the community		0	0	\circ	\circ
Has healthy boundaries		0	0	0	\circ	\circ
Meets financial obligations in a	a timely manner	\circ	0	\circ	\circ	\circ
Comments (optional)						