LOS ANGELES INDEPENDENT SCHOOLS

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 _____ State _____ Zip _____

For the student name above, I waive my rights to read or seek access to this Confidential Recommendation 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://losangelesindependentschools.org/schools — has developed this common form to better allow an open exchange of information about the student whose name appears above. Your completion of this evaluation is extremely helpful. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We greatly appreciate your time and effort to complete and return this form. Please do not include information about any legally protected statuses of the applicant, including but not limited to race, ethnicity, national origin, disability, gender identity, gender expression, and sexual orientation. Your insights and observations are important to all of us.

Please know that the professional comments you share will be held in confidence to the extent legally and reasonably possible and we thank you in advance for your assistance and cooperation.

Please complete this form after November 1, 2025, but no later than January 10, 2026.
To protect the integrity of this recommendation, be sure to save this form as a PDF before submitting to schools.

Name of Teacher or Director _____ Signature_____

School & Title _____Today's date_____

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

Comments (optional)

PHYSICAL DEVELOPMENT

	CONSISTENTLY	USUALLY	WITH MINIMAL SUPPORT	REQUIRES TEACHER SUPPORT
Fine motor control	○	○	○	○
Gross motor control	○	○	○	○
Balance and coordination	○	○	○	○
Hand-Eye coordination	○	○	○	○
Has spatial awareness? (self)	○ YES	○ NO		
Has spatial awareness? (In relation to others)	○ YES	○ NO		
Handedness established?	☐ LEFT	☐ RIGHT	☐ NO	

COGNITIVE DEVELOPMENT

	CONSISTENTLY	USUALLY	WITH MINIMAL SUPPORT	REQUIRES TEACHER SUPPORT
Able to stay on topic	○	○	○	○
Articulates clearly	○	○	○	○
Expresses ideas and feelings orally	○	○	○	○
Sustains attention in small groups	○	○	○	○
Sustains attention in large groups	○	○	○	○
Follows multi-step directions	○	○	○	○
Shows effort and doesn't give up	○	○	○	○
Uses materials appropriately	○	○	○	○
Grasps concepts presented	○	○	○	○
Recalls details	○	○	○	○
Recognizes numbers and letters	○	○	○	○
Open to trying new things	○	○	○	○
Flexible thinking	○	○	○	○

Comments (optional)

We understand that children develop in different ways. In thinking about this child at this moment, please describe this child in three words: _____ _____ _____

and/or please feel free to check any adjectives from the list below:

▢ Adaptable	▢ Curious	▢ High energy	▢ Polite
▢ Affectionate	▢ Enthusiastic	▢ Introverted	▢ Quiet
▢ Agreeable	▢ Even-tempered	▢ Joyful	▢ Reserved
▢ Attentive	▢ Extroverted	▢ Low energy	▢ Sophisticated
▢ Cautious	▢ Firm	▢ Outgoing	▢ Talkative
▢ Center of attention	▢ Fun	▢ Persistent	▢ Timid

FAMILY INFORMATION

	CONSISTENTLY	USUALLY	SOMETIMES	RARELY	N/A
Has reasonable expectations of the school	◯	◯	◯	◯	◯
Has reasonable expectations of their child	◯	◯	◯	◯	◯
Follows the rules and policies of the school	◯	◯	◯	◯	◯
Cooperates with teachers	◯	◯	◯	◯	◯
Cooperates with administration	◯	◯	◯	◯	◯
Participates in school activities	◯	◯	◯	◯	◯
Is well-regarded by other parents in the community	◯	◯	◯	◯	◯
Has healthy boundaries	◯	◯	◯	◯	◯
Meets financial obligations in a timely manner	◯	◯	◯	◯	◯

Comments (optional)

To the best of your ability, please describe the family's parenting style: