



**TEACHER COMMENTS**

Name of student \_\_\_\_\_  
 Teacher's name \_\_\_\_\_ Position \_\_\_\_\_  
 School \_\_\_\_\_

Cornerstone Nevada Primary  
 Grades Pre-K – 5  
 6861 E. Nevada  
 Detroit, MI 48234  
 (313) 892-1860 x243

The student named above is applying for admissions to one or more campuses of Cornerstone Schools Association. A full report from the applicant's current school is necessary if he or she is to be given consideration for admission. Our ability to effectively evaluate the skill and mastery level of this student is helped enormously by your timely and candid insights. We understand the difficulty in making such an evaluation. All information that you furnish will be kept confidential to the extent that the law allows -- this is applicable only when the form is transmitted directly to the school. On behalf of this student, we thank you for your cooperation and assistance.

**Please complete this recommendation in black or blue ink. Retain a copy for your files and send the original directly to the appropriate campus.**

How long have you known the applicant? \_\_\_\_\_  
 In what capacity? \_\_\_\_\_

What are the first three words that come to mind to describe this student?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

The items below ask for your sense of this student's emotional and social growth, intellectual development, and relationships within the school community. Please evaluate the applicant in the following areas by placing a check in the appropriate column.

**DEVELOPMENTAL READINESS**

	SKILL IS STRONG	SKILL IS AGE APPROPRIATE	SKILL IS EMERGING	SKILL HAS NOT EMERGED	COMMENTS
Respects and cooperates with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expresses needs to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to express feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shows self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expresses ideas in four- to six-word sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follows multi-step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respects the rights and feelings of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plays cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aware of how to take turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to care for personal needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engages in activities until completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understands & respects classroom rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**DEVELOPMENTAL READINESS cont.**

	<b>SKILL IS STRONG</b>	<b>SKILL IS AGE APPROPRIATE</b>	<b>SKILL IS EMERGING</b>	<b>SKILL HAS NOT EMERGED</b>	<b>COMMENTS</b>
Is capable of some independent activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to make classroom transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participates in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Directs attention to instruction for reasonable amount of time in group settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to perform fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to perform gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to cope with frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Ability to:</b>					
recognize letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
demonstrate some or all sound/symbol awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
form letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
recognize numbers 1-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
recognize and name common objects in the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
identify and name basic shapes (circle, triangle, oval, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
recognize and name 8 basic colors (red, blue, yellow, green, orange, purple, brown, black)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
demonstrate knowledge of 1-1 correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
extend a simple pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
understand comparative terms (less, more, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Is there additional information that would be helpful to us in evaluating the developmental readiness of this applicant in both academic and social areas?** \_\_\_\_\_

**PARENT / SCHOOL RELATIONSHIP**

Parents are an important part of the relationship with the student. Please share with us any information regarding this applicant's family, including involvement in your school. \_\_\_\_\_

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

If we have additional questions, may we call you?  YES  NO

If YES, phone number \_\_\_\_\_ Most convenient time to call \_\_\_\_\_

**Again, thank you for your time and the valuable information you have provided**