

KINDERGARTEN TEACHER RECOMMENDATION FORM

TO THE PARENT: Please complete the following portion of this form and give it to your child's current teacher with a stamped envelope addressed to Universal Academy of Pittsburgh. Please note that the teacher recommendations become part of the confidential admissions file.

APPLICANT'S NAME	SCHOOL YEAR APPLYING FOR			
NAME OF CURRENT SCHOOL	PHONE			
SCHOOL ADDRESS	CITY	ZIP CODE		
NAME OF PARENT/GUARDIAN	SIGNATURE	DATE		

Universal Academy of Pittsburgh seeks students with the potential to benefit from and to succeed in the school's academic and enrichment programs. UAP is interested in students from a variety of backgrounds who demonstrate a desire to participate in the many activities the school offers and a willingness to meet behavioral and academic expectations.

TO THE TEACHER: Your completion of this evaluation is an important part of the admissions process and we value your candid insights and observations. 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. Please know that the professional comments you share will be held in strictest confidence. Please sign and return to Universal Academy of Pittsburgh. Thank you.

Please put a check mark in the appropriate boxes:

Social and Emotional Development	Mature	Age Appropriate	Needs Development	Immature
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustrations				
Separates from parents				
Shares materials and possessions				
Functions independently				
Asks for help when needed				
Asks for help when needed				
Physical Development	Mature	Age Appropriate	Needs Development	Immature
Fine motor control				
Gross motor control				
Handedness established	YES	NO		
Cognitive Development	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Recalls details				

Please turn over to complete recommendation form

Cognitive Dev. (Cont.)	Mature	Age Appropriate	Needs Development	Immature		
Demonstrates an interest in						
learning Interacts with materials						
Follows directions						
Do you feel this child is ready for a fu	Ill-time kindergarten program?	YES NO				
bo you reer this child is ready for a re						
HOW WOULD YOU DESCRIBE THIS CI	НП D?					
ADDITIONAL COMMENTS						
Family Information	Consistently	Usually	Sometimes	Rarely		
Communicates openly with school						
Participates in school activities						
Cooperates with classroom Follows the rules and policies of						
the school						
Has realistic expectations for their						
child						
COMMENTS:						
T						
Teacher's Signature:		Date:				
Teacher's First Name:		Last Name:				
(please print) (Mr./Ms./Mrs./Dr.)						
Title or Position:	How long have you known the applicant?					
When did you teach the applicant?		Grade/Subject				

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