



THE WESTMINSTER SCHOOL AT OAK MOUNTAIN
 TEACHER RECOMMENDATION FORM
 Kindergarten Applicants

Name of Applicant _____

My son/daughter is applying to The Westminister School at Oak Mountain. Please complete this form and return it directly to Westminister's Admissions Office either by mail or email. By signing this form, I understand that I waive my rights to read this form or see the comments in the recommendation.

Parent's signature: _____

Because Westminister is a classical, Christian, and covenant school, we try to evaluate each student's character and ability in that light in order to assure success in our rigorous academic curriculum. Please give a copy of this form to your child's teacher.

CURRENT TEACHER

Westminister School appreciates an honest assessment of the above named student. All information will be kept confidential, will not be shared, nor will it become a part of the applicant's permanent record. When completed, please return this form directly to The Westminister School at Oak Mountain.

Teacher: _____ Subject: _____ Grade: _____

School: _____ Telephone: _____

Teacher Signature _____ Date: _____

Social/Emotional	Always	Progressing	Needs Development	No Observation
Demonstrates emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separates easily from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates developmentally appropriate attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishes relationships easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<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"/>
Demonstrates self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseveres in spite of difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Performance	Always	Progressing	Needs Development	No Observation
Demonstrates developmentally appropriate small motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates developmentally appropriate large motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates developmentally appropriate conversational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Observation	Agree	Somewhat Agree	Disagree	No Observation
Parent(s) set limits with child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child responds to limits of parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) are respectful of teacher(s) and school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) are responsive to teacher feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) contribute to classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) agree with teacher's view of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) support classroom systems and expectations (e.g., arrive on time, follow through with school requests, pick up on time).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following:

Please describe this child's temperament. _____

Would you like to have this student in your classroom again? Yes No

Would you like to share any additional information regarding this student? _____

Recommendation

I recommend this applicant to Westminster:

Enthusiastically Strongly Fairly Strongly Without enthusiasm Not recommended

Mail or Email to:
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 Birmingham, AL 35242
 Email: lkelly@westminsterknights.org