

Date Sent _____

Date Rec'd _____



Madison Local School District

Early Entrance to Kindergarten Teacher Recommendation

Student's Name: _____

Teacher's Name: _____

Date: ____/____/____ School year you taught this student _____

School _____ Telephone number: () _____

Parents have the right to see all information regarding their child. Please be as professionally accurate and honest with your feedback as possible.

TO THE TEACHER:

The above-named student has applied for early entrance to kindergarten in Madison Local Schools. Madison has established a process for identifying highly gifted children who are eligible for kindergarten prior to their fifth birthday. Please complete all sections of this form. **Teacher recommendations may be submitted by the parent along with the application. Please place the recommendation in a sealed official school envelope with your signature across the seal and return it to the parent.** If you have any questions, please do not hesitate to call Madison Local Schools at (419) 589-2600. Thank you for your time and assistance.

THE PARENT APPLICATION AND THIS TEACHER RECOMMENDATION MUST BE HAND DELIVERED BY THE PARENT TO THE PRINCIPAL OF THE SCHOOL YOUR CHILD WILL BE ATTENDING NO LATER THAN APRIL 30TH PRIOR TO THE SCHOOL YEAR THE PARENT IS REQUESTING EARLY ENTRANCE.

I. Academic Traits

By check mark, please rank the applicant in the following categories in comparison with other students of the same age or grade level whom you have known or taught in your school. Additional narrative comments are encouraged.

	Low	Average	High
Intellectual Aptitude			
Task Commitment			
Academic Motivation			
Intellectual Curiosity			
Imagination and Originality			

II. Academic Checklist

Is this child able to consistently:

____ Yes ____ No Identify rhyming words?

____ Yes ____ No Identify the sound at the beginning of words?

____ Yes ____ No Read phonetic words such as cat, top, etc.?

____ Yes ____ No Read sight words such as are, they, etc.?

- Yes No Read short books (not merely retell the story from memory?)
- Yes No Write his or her first name legibly?
- Yes No Count to 20?
- Yes No Identify numerals 0-9 (**out of sequence?**)
- Yes No Identify geometric shapes?
- Yes No Count groups of objects to 10 accurately?
- Yes No Solve simple addition problems?
- Yes No Solve simple subtraction problems?

III. Recommendations for this candidate to Early Entrance:

With great enthusiasm With good confidence With some confidence
 With reservation I DO NOT recommend this candidate

NOTE: Please elaborate on a “do not recommend” and “recommend with reservation” recommendation.

IV. Narrative

Please describe ways in which this child demonstrates that he or she is achieving one year above grade level or at an advanced level of proficiency.

Please describe this student as a learner.

Please describe this child’s social interactions at school.

We would appreciate any additional information that will help determine whether early entrance is a good match for this child.

Signature of Teacher

Date