

**HAMPTON CHRISTIAN ACADEMY
PRIMARY TEACHER RECOMMENDATION FORM
For Students in Kindergarten - 1ST Grade**

The child named below is applying for admission to Hampton Christian Academy.

Name of Student _____ Current Grade _____

Name of Teacher _____

I have known this student for _____ years.

School _____

Address _____

Please fill out the items below to the best of your ability. We appreciate your time and cooperation. All information you furnish will be kept confidential.

SKILL DEVELOPMENT	Outstanding	Age Appropriate	Needs Development
Pays attention			
Listens in a group			
Contributes to discussions			
Follows directions			
Completes tasks			
Can focus on one task			
Respects classroom routines			
Makes transitions easily			
Responds positively to criticism			
Is willing to try new activities			
Is a self-starter			
Expresses ideas well			
Exhibits problem-solving abilities			

SOCIAL/EMOTIONAL DEVELOPMENT	Outstanding	Age Appropriate	Needs Development
Is supportive of peers			
Is comfortable with adults			
Works well independently			
Cooperates in classroom activities			
Cooperates in play			
Initiates play activities			
Shares well			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposefully			
Can solve problems with peers without being physically aggressive			

What are the first words which come to mind in order to describe this child?

Have the parents been cooperative and supportive? _____ Yes _____ No

*If you checked "No," please explain below:

Do you recommend this student for admission to Hampton Christian Academy Lower School?

_____ Yes _____ No

*If you checked "No," please explain below:

Other Comments:

Signature

Date

Please mail or fax this form to:

Hampton Christian Academy
Attn: Lower School
2424 N. Armistead Avenue
Hampton, Virginia 23666
Office Phone: (757) 838-2355
Fax: (757) 838-1998