



**CONFIDENTIAL TEACHER RECOMMENDATION FORM**

**Applying for Pre-K, KG1 or KG2**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School Curriculum: \_\_\_\_\_

**Parent or Guardian:** Please write your child’s name and grade above and sign below before submitting the form to your child’s current school.

I understand and agree that the information contained in this form is confidential and will not be shared with applicant, parents or anyone outside the Admissions Committee.

\_\_\_\_\_  
Signature of Parent or guardian Date

**Teacher:** Please complete this form and return by email to [admissions@dwight.ae](mailto:admissions@dwight.ae)

Class Size: \_\_\_\_\_ Student/teacher ratio \_\_\_\_: \_\_\_\_

Number of days attended per week: \_\_\_\_\_ Hours per day \_\_\_\_\_

Language of Instruction: \_\_\_\_\_

List languages spoken in order of proficiency: \_\_\_\_\_

Please check the most appropriate boxes which depicts the child’s development.

Developmental Progress	Area of strength	Age appropriate	Progressing towards age appropriate	Area of concern
Social/Emotional development				
Cognitive development				
Fine motor development				
Gross motor development				
Speech & language development				

Attitude & Behavior	Very Good	Good	Needs improvement	Unsatisfactory
Separates from parents/caregivers				
Displays confidence				
Follow direction / completes tasks				
Ability to focus on an activity				
Makes eye contact				
Accepts limits & boundaries				
Engages with peers				
Engages with adults				



Tasks	Has mastered	Developmental stage	Not yet
Using scissors			
Using crayons			
Looks at books independently			
Writes own name			
Writes beginning sounds			
Assembles puzzles			
Writes sentences			

How would you describe the child's temperament?

---

---

How does the child handle conflict?

---

---

Is the student toilet trained? Yes / No

Please check appropriate box	Yes	No
Does the student have special behavioral, psychological or emotional needs?		
Has the student had a psychological/educational assessment?		
Does the student currently have an Educational Individual Plan?		
Do you have any reason to recommend this student to be evaluated/referred for special education or psychological services		

If you answered **Yes** any of the questions above, please give details.

---

---

---

To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?

---

---

Thank you for completing our Teacher Recommendation Form.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

School Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_