

# Mizzentop Day School



Mizzentop Day School  
 64 East Main Street  
 Pawling, New York 12564  
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 jandrew@mizzentop.org

## Teacher Recommendation Form: Kindergarten Students

Please write the name of the applicant in the space provided below. Give this form to a current teacher of the applicant along with a stamped envelope\* addressed to:

Mizzentop Day School  
 64 East Main Street  
 Pawling, New York 12564

Attn: Janet Schuman-Andrew, Director of Admissions

*\*Note: Make certain that you do **not** place your own return address on this envelope*

Dear Teacher,

\_\_\_\_\_ has applied to Mizzentop Day School. We would appreciate any information you can share with us regarding this applicant. Your recommendation will be held in the strictest confidence and will be used solely for the admission process. The admissions committee thanks you in advance for your time, energy and thoughtful insights.

How long have you known the student? \_\_\_\_\_

Student's current age (years, months) \_\_\_\_\_

*In relation to other students of this age whom you have taught, please check the appropriate box:*

### Social and Emotional Development:

Cooperates in small groups of children	Almost always	Often	Occasionally	Almost Never	Not Known
Listens to a story in a group setting	Almost always	Often	Occasionally	Almost Never	Not Known
Takes turns and shares	Almost always	Often	Occasionally	Almost Never	Not Known
Follows rules at school	Almost always	Often	Occasionally	Almost Never	Not Known
Able to follow a daily routine	Almost always	Often	Occasionally	Almost Never	Not Known
Respects the property of others	Almost always	Often	Occasionally	Almost Never	Not Known
Takes responsibility for his/her belongings	Almost always	Often	Occasionally	Almost Never	Not Known
Completes jobs or tasks within reasonable time limits	Almost always	Often	Occasionally	Almost Never	Not Known
Comfortably separates from parent(s) for short periods of time	Almost always	Often	Occasionally	Almost Never	Not Known
Copes with minor disappointments without extreme crying or behavior outbursts	Almost always	Often	Occasionally	Almost Never	Not Known
Cleans up toys and materials when finished with an activity	Almost always	Often	Occasionally	Almost Never	Not Known
Uses the toilet independently	Completely independent	With some support	With frequent support	Only with support	Not Known
Gives attention to adults during group meeting times	30+ minutes	20 - 30 minutes	10 - 20 minutes	5-10 minutes	Not Known
Engages in exploring materials without adult direction or support	30+ minutes	20 - 30 minutes	10 - 20 minutes	5 - 10 minutes	Not Known

**Motor Development:**

Walks or runs when asked and stops when signaled	Most of the time	Sometimes	Not yet	Not known
Moves forward and backward with agility	Most of the time	Sometimes	Not yet	Not known
Swings, hops and climbs	Most of the time	Sometimes	Not yet	Not known
Balances on one foot	Most of the time	Sometimes	Not yet	Not known
Writes with a pencil using a proper grip	Most of the time	Sometimes	Not yet	Not known
Holds scissors correctly when cutting	Most of the time	Sometimes	Not yet	Not known
Cuts along a line with scissors	Most of the time	Sometimes	Not yet	Not known
Draws geometric figures like a circle, square and triangle	Most of the time	Sometimes	Not yet	Not known
Prints capital letters	Most of the time	Sometimes	Not yet	Not known
Dresses him/herself independently (buttoning and zipping)	Most of the time	Sometimes	Not yet	Not known
Able to catch a large ball	Most of the time	Sometimes	Not yet	Not known
Able to throw a ball overhand	Most of the time	Sometimes	Not yet	Not known
Sits still for short periods of time (10 – 15 minutes)	Most of the time	Sometimes	Not yet	Not known

**Language and Cognitive Development:**

Recognizes and labels objects by sight	Yes	Sometimes	Not yet	Not known
Recognizes and labels objects by sound	Yes	Sometimes	Not yet	Not known
Names basic shapes and colors	Yes	Sometimes	Not yet	Not known
Recognizes letters of the alphabet	Yes	Sometimes	Not yet	Not known
Counts to ten or more	Yes	Sometimes	Not yet	Not known
Expresses him/herself clearly when speaking in sentences of 5 or more words	Yes	Sometimes	Not yet	Not known
Knows full name of him/herself and immediate family members	Yes	Sometimes	Not yet	Not known
Tells when his/her birthday is	Yes	Sometimes	Not yet	Not known
Asks questions to get direct information (“When?”, “Where?”)	Yes	Sometimes	Not yet	Not known
Asks questions to get explanations of “why and “how”	Yes	Sometimes	Not yet	Not known
Demonstrates understanding of concepts like big/little, up/down, above/below, same/different	Yes	Sometimes	Not yet	Not known
Tells about experiences	Yes	Sometimes	Not yet	Not known
Uses the future and past tense when speaking	Yes	Sometimes	Not yet	Not known
Retells a story after listening	Yes	Sometimes	Not yet	Not known
Successfully completes two or three step oral directions independently	Yes	Sometimes	Not yet	Not known

Additional comments or concerns that will help create a more complete picture of the student:

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Teacher Name \_\_\_\_\_ Teacher Signature \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

School Phone Number \_\_\_\_\_

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