## **Teacher Recommendation for Student**



Name of Child:					Age:				
		SECTION A	4						
		FUNDAMENTAL	SKILL	.s					
Place a check (✓) in the box that best applies to the student									
Skills	All The Time					metimes		or Never	
Able To Follow Directions									
Able To Play Independently									
Coorperative									
Respectful of Classroom Materials									
Able To Listen In a Group Setting									
Able To Comprehend Lesson									
Able To Transition Between Task									
Respectful Of Classmates									
Can Communicate Clearly									
		SECTION	В						
		GENERAL ASSE	SMEN	T					
	Explain if Yes								
Does Student Have Any Outstanding		] Yes							
Abilities	□No								
Does Student Have Any Significant	□Yes								
Physical, Emotional or Social Limitations		] No							
Place a Check In The Box Next To Any Special Program That You Recommend For The Student				☐ Occupational Therapy					
			☐ Speech Therapy						
			☐ Behavioral Therapy						
Did student ever under go a psycho-educational evaluation? ☐ Yes ☐ No									
				1	very lit	tle - 5	very muc		
		Cooperative		1 - 2 - 3 - 4 - 5					
How would you rate the students parent									
		Respectful		1 - 2 - 3 - 4 - 5					
Place a c	heck r	near the word that	best (	describes th	e child				
□ Нарру	Anxious		□ Le	ader		☐ Disorganized			
□ Social	☐ Irritable		□ Di	stracted		□ Moody			

☐ Well-Liked

☐ Shy

☐ Follower

☐ Defiant

☐ Aggressive

☐ Manipulative

□ Eager

☐ Confident

☐ Motivated