

Teacher Recommendation Form

Students Applying to Early Childhood 3, Early Childhood 4 or Kinder

Full name of Applicant:	 School Name:	

Applicant for Grade: Early Childhood 3 (3-4 years old) Early Childhood 4 (4-5 years old) Kinder (5-6 years old)

This form is a requirement for admission consideration at the Metropolitan School of Panama and is to be completed by the applicant's current teacher. Teachers may e-mail the form directly to admissions@themetropolitanschool.com or send it with the parents in a sealed envelope stamped with the school seal.

Note to the Teacher: This teacher recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. Your feedback is greatly appreciated.

Please note that the child's application cannot be processed until this form is received by the Admissions Office.

Select the relevant box in each row below:

Area of Development	Area of Strenght	Age Appropriate	Area of Concern	Comments
Self Esteem				
Acceptance of Skills				
Self-Motivation				
Ability to work independently				
Interaction with peers				
Interaction with teachers/adults				
Uses words to communicate				
Can express feelings appropriately				
Follows classroom rules				
Separation from parents/caregiver				
Ability to share and work cooperatively				
Ability to wait their turn				
Curiosity				
Sense of humor				
Attention span of self-chosen activity				
Attention span of assigned activity				
Leadership skills				
Makes transitions easily				
Ability to focus in large groups				
Ability to focus in small groups				
Fine motor coordination				
Gross motor coordination				
Body/Spacial awareness				
Balance, gait and fluidity of movement				

The child usually chooses to	work in: Large gro	up Small group	Alone		
Hand dominance: Right	Left Not yet est	ablished			
Is the child potty trained?	No Yes In I	Progress Commen	t:		
Does the child require a secu	rity item (i.e.: blanket	t, toy, etc.)? No	Yes, item:		
Please describe any notable	social, behavioral or e	emotional concerns. W	hat steps have bee	en taken to address them?	
Has the child received or has Speech Therapy Conduct Therapy Please describe any notable	Physical Therapy Family Counselin _t	Sensory Tł g Individual	ierapy	ng areas? Occupational Therapy	
Is the applicant habitually ta	rdy or absent? No	Yes Number of	absences:		
What are three words you we					
-				3	
-	2				
1 English level of applicant:	2. 2. Native English Spe	aker Limited I	English Speaker		
1 English level of applicant:	Native English Spe Policies of the schoo	eaker Limited I	English Speaker lain:	Non-English Speaker	
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