

**TEACHER REFERENCE FORM (for children applying for Kindergarten or First Grade)**

**Instructions to the Parent:** Please provide this form to your child's current teacher.

**Instructions to the Teacher:** Please complete this form within two weeks, and return it directly to Admissions, Buckingham Friends School, P.O. Box 159, Lahaska, PA 18931. We respect the confidentiality of this information and will not share it with the applicant's family. Thank you for providing sincere feedback as we consider this child for admission.

Name of Student: \_\_\_\_\_ Present Placement: \_\_\_\_\_

<b>SOCIAL - EMOTIONAL DEVELOPMENT</b>	<b>Exceeds age expectations</b>	<b>Age appropriate</b>	<b>Needs development</b>
Is cooperative			
Initiates play activities			
Shares well			
Is imaginative			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposefully			
Is curious			
Is comfortable with adults			
Works well independently			
Responds positively to criticism			
<b>PHYSICAL DEVELOPMENT</b>			
Small muscle control and coordination			
Large muscle control and coordination			
Speech development			
Stamina			
<b>PRE-ACADEMIC SKILL DEVELOPMENT</b>			
Is attentive			
Listens in a group			
Contributes to the group			
Follows directions			
Works cooperatively			
Completes tasks			
Is able to focus on one task			
Respects classroom routines			
Is a self-starter			
Exhibits problem solving skills			
Expresses thoughts well			

Additional Comments:

Name of Teacher (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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How long have you known this child? \_\_\_\_\_

Please comment on each of the following activities:

1. Favorite activities
  2. Self image
  3. Child's relationship to parents
  4. Parent cooperation and involvement
  5. What are this child's particular strengths?
  6. Are there significant weaknesses or problems of which we should be aware?
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FOR CHILDREN APPLYING TO FIRST GRADE:

1. Please describe the child's developmental readiness for Beginning reading skills:
  2. Please describe the child's developmental readiness for Beginning math skills:
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Is there anything else that the school should know about this student as s/he is being considered for admission?

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Signature \_\_\_\_\_

May we contact you if we have further questions?  Yes  No

If yes, please provide the best way to reach you: Email: \_\_\_\_\_ Cell: \_\_\_\_\_