



# HOLLAND HALL

5666 East 81<sup>st</sup> Street Tulsa, Oklahoma 74137-2099 Tel. (918) 481-1111 www.hollandhall.org

## TEACHER RECOMMENDATION FORM FOR PRESCHOOL APPLICANTS

**Student's Name** \_\_\_\_\_  
First Middle Last

**Present School** \_\_\_\_\_

The above student is applying for admission to the Holland Hall PreSchool Program. To help the Admission Committee learn more about this child, we would appreciate an appraisal of specific abilities of the applicant. Be assured your responses will be held in strict confidence. Thank you in advance for your assistance.

Director of Admission \_\_\_\_\_

	Exceeds Age Expectations	Age Appropriate	Needs Development
<b>Social/Emotional Development</b>			
1. Separates willingly from parent/guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is comfortable with adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Willingly and cooperatively participates in a small or large group activity/game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can interact appropriately with at least one other child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiates play activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is curious and willing to engage in new activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Shows concern for using material and equipment safely and appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Demonstrates age appropriate attention span?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Follows simple directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Handles transitions appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Developing the ability to play independently without constant adult attention and encouragement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Usually accepts limits set by adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Usually reflects a happy disposition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speech and Language Skills</b>			
14. Expresses needs and requests verbally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has speech that is understandable (articulate)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Speaks in sentences of four or more words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Visual and Fine Motor Skills</b>			
<b>Does this student...</b>			
17. Manipulate an object (approximately one inch in size) with eye/hand coordination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Assemble simple puzzles appropriate for age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Explore the use of art materials, e.g. crayons, markers, play dough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health and Physical</b>			
20. Appears to have good physical health and stamina?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**We would appreciate any further comments on the subjects listed below.**

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1. Cognitive Observations

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2. Personality

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3. Strengths

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4. Challenges

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5. Possible Health Concerns (speech, vision, hearing)

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Additional Comments

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Your Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return form to: Admission Office, Holland Hall, 5666 East 81<sup>st</sup> Street, Tulsa, Oklahoma 74137-2099**