

Name of Applicant _____

Applying to grade _____ PK 3/4 _____ PK 4/5 _____ Kindergarten

To the Parent:

I/We give permission for the teacher to complete this form and return it directly to Cincinnati Hills Christian Academy. I/We also permit CHCA to contact the teacher with any additional questions. I/We understand that this is a confidential teacher recommendation and will not be disclosed to anyone other than authorized CHCA personnel.

Parent Signature _____ Teacher's name _____

School Name _____ Telephone _____

Teacher's Email Address _____

To the Teacher:

Thank you for taking the time to complete this recommendation. A complete report from the applicant's current school is essential to ensure a comprehensive consideration of the applicant. The information you provide will be kept in confidence and will not be shared, directly or indirectly, with the applicant's parents. Please do not return this form to the applicant. *Mail, scan, or fax the completed form directly to:*

CHCA, Office of Admission, 140 West 9th Street, Cincinnati, OH 45202 | admissions@chca-oh.org | Fax: 513-721-3300

1. Please share what brings this child joy in the classroom.
2. Please share what frustrates this child.
3. CHCA values a mutually supportive parent-school relationship. Please share your experience with the applicant's family and their involvement in your school.
4. To your knowledge, does the school's understanding of the child's strengths and challenges match the parent's/guardian's perception?
5. Please describe this child's adjustment to the school environment.
6. Does the applicant have any special learning needs that you have observed? If yes, how are they being addressed? Please indicate if the student is receiving gifted services, enrichment, or if he/she is currently on an IEP, 504 or other type of accommodation plan.
7. Are you aware if the applicant is currently receiving services or being treated for any of the following? (check all that apply):
____ Learning disabilities _____ Language processing _____ Attentional issues _____ Emotional difficulties

Does this affect the applicant in the classroom setting? If so, please explain.

Cognitive Skill Development	Exceeds Age Expectations	Age Appropriate	Still Developing	Comments
Ability to follow directions				
Ability to focus on a task				
Speech and Language skills				
Writing skills				
Ability to express thoughts and ideas				
Vocabulary				
Listens in a group				
Mathematical concepts				
Ability to solve problems				
Demonstrates curiosity				
Attention span				
Completes tasks				
Physical Development				
Small muscle control and coordination				
Large muscle control and coordination				
Speech development (articulation)				
Social/Emotional Development				
Ability to relate to peers				
Ability to relate to adults				
Ability to work independently				
Ability to work in a group				
Cooperates in play				
Demonstrates self-control				
Tolerance level for frustration				
Ability to make transitions				
Ability to initiate activities				
Use of imagination				
Accepts limits/routines				
Ability to share				
Uses materials purposefully				
Separates from parent				

Is the student toilet trained? ____ Yes ____ No

Please circle the words that describe this student:

- | | | | | | | |
|-----------------|-------------------|-----------------------------|--------------|--------------|-------------|------------------|
| adaptable | easily distracted | cheerful | resilient | distracting | withdrawn | persistent |
| confident | impulsive | fearful | helpful | talkative | inquisitive | self-disciplined |
| well-liked | disobedient | manipulative | caring | distractible | aggressive | over-protected |
| positive leader | disrespectful | demanding of teacher's time | other: _____ | | | |

Thank you for the time and care you have taken in completing this form. If there is any additional information that could be better conveyed in a phone conversation, please feel free to call the Admissions Office at (513) 247-9944, ext. 213.