



**CONFIDENTIAL TEACHER RECOMMENDATION FORM**  
(APPLYING TO EARLY CHILDHOOD DIVISION)

**To the Parent:** Please submit this form to your child's teacher.

**To the Teacher:** This recommendation will be held in the strictest of confidence and used solely for admission purposes. Thank you for your time and effort, and the insight your comments will provide. Upon completion, email this form to [preschool@yystschoools.net](mailto:preschool@yystschoools.net)

Name of Child \_\_\_\_\_ Current School \_\_\_\_\_

Teacher \_\_\_\_\_ Telephone # \_\_\_\_\_

Class Hours \_\_\_\_\_ Class Size \_\_\_\_\_ Date \_\_\_\_\_

Cognitive/Language Skills
Social/Emotional Development
Behavior (Attention, Focusing etc.)
Sensory/Fine/Gross Motor Development
Parent Participation/Support
Services Child is Receiving
Additional Information (Please include any physical, emotional or learning disabilities which may affect school performance)