



APPLICATION FOR ADMISSIONS

Teacher Recommendation Form

Please return within 1 week of receipt.

To the Parent/Guardian:

Please complete the following information before giving it to your child's school administrator.

Name of Student: _____ Grade Level: _____
 School Name: _____
 School Address: _____
 City: _____ State: _____ Zip Code: _____

To the Teacher:

Please fill out all pages of this form. Your observations and comments will be kept strictly confidential. Your perspective and contribution are appreciated.

Social & Emotional Development	Exceptional	Age Appropriate	Developing	Below Expectations	Comments
Listens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relates to Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relates to Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transitions Between Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Separates from Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares Materials/Possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Functions Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asks for Help when Needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Non-discrimination Policy: COTTONWOOD DAY SCHOOL admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.

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Social & Emotional Development					Comments
Attention	<input type="checkbox"/> Short	<input type="checkbox"/> Typical	<input type="checkbox"/> Extensive		
Effort	<input type="checkbox"/> Limited	<input type="checkbox"/> Sporadic	<input type="checkbox"/> Consistent		
Time Management	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Excellent		
Shows Initiative	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Consistently		
Self Confidence	<input type="checkbox"/> Low	<input type="checkbox"/> Developing	<input type="checkbox"/> Positive		
Relates to Peers	<input type="checkbox"/> Poorly	<input type="checkbox"/> Occasional challenges	<input type="checkbox"/> Relates Well; resolves challenges constructively		
Stability	<input type="checkbox"/> Easily frustrated	<input type="checkbox"/> Usually stable	<input type="checkbox"/> Consistently stable		
Flexibility	<input type="checkbox"/> Limited	<input type="checkbox"/> Sporadic	<input type="checkbox"/> Consistent		
Emotional Regulation	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Excellent		
Follows Classroom Rules	<input type="checkbox"/> Seldom	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Consistently	
Seeks Help when Needed	<input type="checkbox"/> Seldom	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Consistently	
Functions Independently	<input type="checkbox"/> Seldom	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Consistently	

Please describe sensory sensitivities and needs of the student: _____

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Physical Development	Exceptional	Age Appropriate	Developing	Below Expectations	Comments
Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Right/Left Handedness established? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Cognitive Development	Above Grade Level	At Grade Level	Needs Further Development	Below Grade Level	Comments
Expresses ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Articulates clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sustain attention in large groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasps concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recalls details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates interest in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Math skills/computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Math skills/concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mastery of basic math facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List as many adjectives as you can that describe this child's strengths: _____

List as many adjectives as you can that describe this child's areas that need development: _____

Teacher Recommendation Form

Social Behavioral Development	Never	Sometimes	Always	Comments
Arguing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temper outbursts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disruptive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polite and socially appropriate towards responses toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impulsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Academic Behavior	Never	Sometimes	Always	Comments
Interest in academic topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preparedness for instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Production of acceptable work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Distractedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Emotional Behavior	Never	Sometimes	Always	Comments
Adaptable to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty rebounding from setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Family Information	Consistently	Usually	Sometimes	Rarely	Comments
Communicates well with the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participates in School activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperates with classroom teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperates with administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows school rules and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has realistic expectations of their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Teacher's Signature: _____ Print Name: _____

Title or Position: _____ How long have you known this child: _____

How long has the child been enrolled in your school: _____ Today's Date: _____

Teacher: Please return this completed form directly to:

Cottonwood Day School
 Attention: Admissions Office
 10180 Cottonwood Road
 Bozeman, Montana 59718

Thank you for taking the time to fill out this evaluation. It will be most helpful.

Cordially,

Meredith Scully
 Director Cottonwood Day School

(406) 586-3409
 info@cottonwooddayschool.org

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