

MANLIUS PEBBLE HILL SCHOOL

Teacher Recommendation

FOR PRE-K & KINDERGARTEN

Applicant's Name: _____ Applying for Grade: _____

To the Parent or Guardian: All evaluations are the confidential property of Manlius Pebble Hill School and are not subject to parental review. By signing this form, you are hereby releasing authorization for representatives of Manlius Pebble Hill School to speak directly with the person completing this recommendation.

Parent or Guardian Signature: _____ Date: _____

To the teacher: This child has applied for admission to Manlius Pebble Hill School. Your candid appraisal will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. Your evaluation will be strictly **confidential**. Thank you for your time and consideration.

How long have you known this student? _____

What are the first words that come to mind when describing this student? _____

Please comment on the following areas of development:

Social development: _____

Emotional development and personality: _____

Work habits: _____

Academic skills (alphabet recognition, number recognition, writing): _____

Areas in which the child excels: _____

Areas in which the child has greatest needs: _____



Please return as soon as possible to:

Office of Admissions

Manlius Pebble Hill School

5300 Jamesville Road

DeWitt, NY 13214

Fax: 315-446-2620

Email: admissions@mph.net

Additional Comments: _____

Recommender's Name: _____

Title: _____

School: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____