

TEACHER RECOMMENDATION FORM GRADES ONE THROUGH EIGHT

Name of student _____
First
Middle
Last

Applying for Grade _____ School Year _____

The items below ask for your opinion of this student's emotional and social growth, intellectual development and relationships within the school community. **All information you furnish will be kept confidential to the extent allowed by law.** On behalf of this student, we thank you for your cooperation. Please return this form to the Director of Admissions at the below address.

I have known the candidate for _____ years. My relationship has been that of _____

What are the first words that come to your mind in order to describe this student?

Academic Qualities

Student is reading on a _____ grade level. Student's math skills are on the _____ grade level.

- | | | | | | |
|---------------------------------|---|--|---|---|---------------------------------|
| Academic ability | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Limited | |
| Academic achievement | <input type="checkbox"/> Far above expectations | <input type="checkbox"/> Better than expectations | <input type="checkbox"/> As expected | <input type="checkbox"/> Below expectations | |
| Self-motivation | <input type="checkbox"/> Well motivated | <input type="checkbox"/> Some desire to learn | <input type="checkbox"/> Only that required | <input type="checkbox"/> Does very little | |
| Study habits | <input type="checkbox"/> Well organized | <input type="checkbox"/> Usually gets work done | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Poor habits | |
| Ability to work alone | <input type="checkbox"/> Always works well | <input type="checkbox"/> Needs help occasionally | <input type="checkbox"/> Need help frequently | <input type="checkbox"/> Needs much supervision | |
| Participation in class | <input type="checkbox"/> Joins in readily | <input type="checkbox"/> Participates occasionally | <input type="checkbox"/> Contributes when called on | <input type="checkbox"/> Wants to dominate | <input type="checkbox"/> Rarely |
| Participation in groups | <input type="checkbox"/> Cooperative, a leader | <input type="checkbox"/> Cooperative, a follower | <input type="checkbox"/> Wants to dominate | <input type="checkbox"/> Refrains from taking part | |
| Reads for pleasure | <input type="checkbox"/> Constantly | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> When prodded | <input type="checkbox"/> Rarely |
| Writing mechanics | <input type="checkbox"/> Mechanics excellent | <input type="checkbox"/> Mechanics good | <input type="checkbox"/> Mechanics fair | <input type="checkbox"/> Mechanics poor | |
| Oral expression | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | |
| Follows oral directions | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Occasionally | | |
| Follows written directions | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Occasionally | | |
| Uses suggestions or corrections | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs reminding | <input type="checkbox"/> Rarely follows suggestions | |

Attention span ___ Exceptional ___ Usually good ___ Occasionally Distracted ___ Easily distracted

Math word problem solving skills ___ Exceptional ___ Good ___ Fair ___ Poor

Number sense ___ Exceptional ___ Good ___ Fair ___ Poor

Do you have any additional information that might be helpful in our evaluation of this student's academic qualities?

Personal Qualities

Activity level ___ Disrupts others ___ Has difficulty sitting still ___ Normal for age ___ Lethargic

Maturity for age and grade ___ Very Mature ___ Above average ___ Normal ___ Somewhat ___ Very Immature

Consideration of others ___ Unusually thoughtful ___ Usually considerate ___ Rarely considerate ___ Selfish

Social adjustment with peers ___ Healthy relationships ___ Occasional minor problems ___ Frequent minor problems ___ Relates poorly

Self-confidence ___ Healthy self-image ___ Needs some support ___ Appears overly confident ___ Needs much reassurance

Frustration level ___ Easily frustrated ___ Not easily frustrated

Integrity ___ Very honest ___ Usually trustworthy ___ Some reservations ___ Untrustworthy

Conduct ___ Well-behaved ___ Usually obeys rules ___ Occasional misconduct ___ Frequent disruptions

Do you have any additional information that might be helpful in our evaluation of this student's personal qualities?

Has the applicant been evaluated for any physical, emotional, or academic reasons? *Yes ___ No ___

Is the applicant currently on medication or previously been on medication? *Yes ___ No ___

*If yes, please explain any classroom accommodations you have utilized for this student.

Please print name

Signature

Date

Name of School

School Address

Telephone