Teacher Recommendation
For candidates entering grades one through four
We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. Please send form directly to the school as this recommendation will be kept in confidence during the admissions process and used solely to help inform a thoughtful admission decision. We encourage any other information which you think would be helpful. Include comments concerning strengths, weaknesses, or any special needs or concerns of this child and/or family. You may wish to use a separate sheet of paper.

Name of student_________________________________ I have known this candidate for _____years _____ months.
Grade level in class_________ Number of children in class__________
My relationship has been that of__________________________________________________
What are the first words that come to mind to describe this candidate? _____________________________

For the following items, please mark on the dotted line one or more responses which may pertain to each. You may adjust the placement of the check mark to the left or right within a given section.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Sense of responsibility</td>
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<td>Consideration for others</td>
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<td>Social relationships with peers</td>
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<td>Leadership ability</td>
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<td>Emotional maturity</td>
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<td>Self-confidence</td>
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<td>Sense of humor</td>
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<td>Self control</td>
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<td>Relationship with adults</td>
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Please comment on:
Study habits______________________________________________________________
Motivation_______________________________________________________________
Organization of time and work_____________________________________________
Curiosity_______________________________________________________________
Attention span___________________________________________________________
Ability to express ideas orally____________________________________________
Ability to work in a group________________________________________________

(Over)
Creativity_________________________________________ ____________________________________
Reading for pleasure_______________________________ _____________________________________
Attendance pattern_________________________________ _____________________________________
Parent cooperation_________________________________ _____________________________________
Parent involvement in school affairs__________________________________________________

Please comment on the candidate’s level of progress and achievement in the following areas.
Reading____________________________________________ __________________________________
Spelling___________________________________________ ___________________________________
Composition________________________________________ __________________________________
Math_______________________________________________ _________________________________
Social Studies_____________________________________ ____________________________________
Science____________________________________________ __________________________________
Foreign Language___________________________________ ___________________________________
Creative Arts______________________________________ ____________________________________
Athletics__________________________________________ ____________________________________

Is there ability grouping? __________ if yes, please indicate candidate’s level (high, middle, low) in:
Reading________________________ Math_______________ ________

Achievement Tests: Name of test _________________ _Form _______________Date given__________

<table>
<thead>
<tr>
<th>Aptitudes:</th>
<th>Grade equivalent</th>
<th>National percentile</th>
<th>Local percentile</th>
<th>Ind. School percentile</th>
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<tbody>
<tr>
<td>Verbal</td>
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<tr>
<td>Quantitative</td>
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Achievements:
Reading Comp.
Math Concepts
Math Computations

Other test results: Name of test___________________ ___ Form ______________ Date given__________

We would appreciate additional comments and observations concerning the strength, weakness, health, or any special needs or concerns of this student and family. We welcome any other information which you think would be helpful. You may use a separate sheet of paper for further comments in any category.
Thank you very much for your time.

Your name: ________________________________ Date: __________________

School Name and Address: ________________________________
__________________________________________________________ Telephone: ______________