

# RECOMMENDATION FORM



CHELSEA  
SCHOOL

*Greater Expectations*

## CHELSEA SCHOOL

2970 Belcrest Center Drive Suite 300 ■ Hyattsville, MD 20782  
Website: [www.chelseaschool.edu](http://www.chelseaschool.edu) ■ email: [information@chelseaschool.edu](mailto:information@chelseaschool.edu)  
Tel: (240) 467-2100 ■ Fax: (240) 467-2120

Name of current school

\_\_\_\_\_

Address of current school

\_\_\_\_\_

\_\_\_\_\_

May we contact you for  
further information?

Yes  No

Telephone Number where  
you can be reached

\_\_\_\_\_

Please return this form to:

Chelsea School  
2970 Belcrest Center Dr.  
Suite 300  
Hyattsville, MD 20782

Teacher's signature:

\_\_\_\_\_

Please print name:

\_\_\_\_\_

Date: \_\_\_\_\_

1. Please describe the academic strengths of the student:

2. Please describe the areas of academic needs for the student:

3. Please describe the type of educational program in your classroom  
(class size, academic level, amount of special education instruction).

4. How does this student interact with other students?

5. Are there any behavioral problems noted in the classroom?

6. Is there any other relevant information that you think would be helpful to us in determining the best academic setting for this student?