



TO THE FAMILY: Please provide the student's name and address below before giving this form to a recommender. If your recommender is

submitting by mail, please provide stamped, addressed envelopes for each of your schools. Let recommenders know the deadlines for each school.

Student's Name _____
Last First Middle Current Grade

Student's Address _____
Street City/Town State/Province Country Zip/Postal Code

TO THE TEACHER: The student named above is a candidate for admission. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful

responses. The deadline for application to most schools is January 15th. This recommendation will remain confidential and will not become part of the student's permanent record.

How long have you known the student? _____ My relationship with this student has been that of: _____

Number of students in the applicant's class _____

Grade level(s) in the class _____ Is the child generally on time for school? Yes No

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Please select the terms that represent your evaluation of the student in comparison to other students in their age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

| Social/Emotional Development | 4 Exhibits strength | 3 Age appropriate (Above Average) | 2 Age appropriate (Still Developing) | 1 Needs development | N/A |
|--|---------------------------|---|--|---------------------------|-----|
| Demonstrates sense of integrity and responsibility | | | | | |
| Shows concern for peers | | | | | |
| Has the capacity to lead | | | | | |
| Has the capacity to follow | | | | | |
| Emotional maturity | | | | | |
| Self confidence | | | | | |
| Self control | | | | | |
| Can be a friend | | | | | |
| Plays independently | | | | | |
| Plays cooperatively | | | | | |
| Social relationships with peers | | | | | |
| Is supportive of peers | | | | | |
| Is comfortable with adults | | | | | |
| Finds ways to enter group play/social interactions | | | | | |
| Accepts responsibility for behavior | | | | | |
| Exhibits appropriate humor | | | | | |

| | |
|------------------------------------|---------------|
| Last Name, First Name, Middle Name | Date of Birth |
| Applying for | Gender |

Name of Student _____

| Academic/Cognitive Development | 4 Exhibits strength | 3 Age appropriate (Above Average) | 2 Age appropriate (Still Developing) | 1 Needs development | N/A |
|---|------------------------|--------------------------------------|---|------------------------|-----|
| Is attentive | | | | | |
| Listens in a group | | | | | |
| Contributes to group discussions | | | | | |
| Follows directions | | | | | |
| Works independently | | | | | |
| Works cooperatively | | | | | |
| Level of independence | | | | | |
| Can focus on one task | | | | | |
| Respects classroom routines/rules | | | | | |
| Expresses ideas well | | | | | |
| Transitions easily between activities | | | | | |
| Responds positively to constructive criticism | | | | | |
| Demonstrates curiosity | | | | | |
| Demonstrates creativity | | | | | |
| Is willing to try new activities | | | | | |
| Is a self-starter | | | | | |
| Enjoys new challenges | | | | | |
| Exhibits problem solving abilities | | | | | |
| Organization of time, materials and work | | | | | |
| Seeks help when needed | | | | | |
| Willingness to take risks | | | | | |
| Completes homework on time | | | | | |
| Study habits | | | | | |
| Reading for pleasure | | | | | |
| Motivation | | | | | |
| Problem Solving Skills | | | | | |
| Literacy Skills | | | | | |
| Mathematical understanding | | | | | |
| Academic potential | | | | | |

| Physical Development | 4 Exhibits strength | 3 Age appropriate (Above Average) | 2 Age appropriate (Still Developing) | 1 Needs development | N/A |
|--|------------------------|--------------------------------------|---|------------------------|-----|
| Small muscle control/coordination | | | | | |
| Large muscle control/coordination | | | | | |
| Speech development (articulation) | | | | | |
| Tolerates a variety of sensory stimuli | | | | | |

| | |
|------------------------------------|---------------|
| Last Name, First Name, Middle Name | Date of Birth |
| Applying for | Gender |

Name of Student _____

Please identify and describe any specific needs pertaining to the child's overall development.

| Parent & Family Information | 4 Strong | 3 Appropriate (Above Average) | 2 Appropriate (Still Developing) | 1 Needs development | N/A |
|--|-------------|-------------------------------------|--|---------------------------|-----|
| Supportive of school's programs and routines | | | | | |
| Responsive to suggestions and guidance | | | | | |
| Perception of child is compatible with school's understanding of the child | | | | | |

Please comment on parent cooperation and support for the child's school experience.

Please comment on this child's ability to meet the expectations of your school.

Does this child have any academic or program modifications?

What kinds of academic, social or emotional support have been helpful to this child?

Please comment on this student's strengths, weaknesses or any special concerns or needs of this child and/or family.

Please describe your school's curriculum and teaching practices in literacy.

Please describe your school's curriculum and teaching practices in mathematics.

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender

Name of Student _____

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student's application.

May we contact you for further information about this candidate? Yes No

Signature

Date

School

Title

School Address

School Email Address

Telephone

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender