

APPLICANTS TO 2ND - 5TH GRADES

TEACHER RECOMMENDATION FORM



This common recommendation form is accepted by all independent schools who are members of ADVIS (Association of Delaware Valley Independent Schools). **It is to be signed by the parents or guardians and given to the student's current teacher after November 1st.**

I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature _____ Date _____

Second Parent/Guardian Signature _____ Date _____

Name of Student _____

Current Grade _____ Applying to Grade _____

To the Evaluator: Please complete both sides of this form and send to all requesting schools after November 1 and by December 15. Your comments will be held in strictest confidence. Thank you very much for your cooperation and help.

How long have you known the candidate and in what connection? _____

Please list subject taught, including level of difficulty _____

Please list the textbook(s) used, if applicable _____

Does your school use the Singapore Math Program (Math in Focus)? Yes No

		Exceeds age expectations	Age appropriate	Needs development	No basis for judgment
Attention skills, concentration, focus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original thinking, creativity of approach		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation, effort, drive		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently and productively		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well cooperatively/in groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits, organization, task completion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take risks, try new activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LISTENING	receptive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING	decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING	mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	organization of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING	fluency, clarity of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH	sense of number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	spatial sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on each of the following regarding this child:

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and homework preparation _____

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, work pace _____

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues _____

Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration _____

Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor _____

To your knowledge, are the parents in agreement with your view of the student? Yes No Don't know

Is there anything else that the schools should know as this student is considered for admission?

Do you have any additional information that may be helpful in our evaluation of this student?

May we contact you for further information? Yes No

Teacher's Name

Position

School Name

School Address

Telephone

E-Mail

Thank you for taking the time to complete this evaluation. Please email as a pdf directly to:

Episcopal Academy Admission Office

E-mail: admission@episcopalacademy.org