

RECOMMENDATION FORM - GRADES 5-8

confidential

NAME OF STUDENT:	APPLICATION FOR GRADE:
Teacher name	My relationship has been that of
I have known student for years	months, # of children in classgrade level(s) in class
What are the first words that come to mind to	describe this applicant?
PLEASE COMMENT ON THE APPLICANT'S	LEVEL OF PROGRESS AND ACHIEVEMENT IN THE FOLLOWING AREAS.
Add grades if applicable.	
Math	
Science	
Reading	
Composition	
History/Social Studies	
Spelling	
Modern Language	
Computer/Technology	
Visual Arts	
Music	
Atheltics	
Does this child enjoy reading for pleasure?	∃yes □no
comments	
Is there ability grouping? □yes □no If yes, p	lease indicate applicant's level in Math □high □middle □low
Reading □high □middle □low commer	nts
STANDARDIZED TESTING	
Has this student taken any standardized testi	ng in your program? □yes □no
If so, please attach this applicant's record of	standardized aptitude and achievement scores.
PLEASE COMMENT	
Study habits	
Motivation	
Organization	
Attention Span	
Ability to work in a group	
Learning Style	

FOR THE FOLLOWING ITEMS, PLEASE CHECK THE MOST APPLICABLE DESCRIPTION. COMMENTS ARE HELPFUL. Sense of Responsibility □responsible □usually responsible □ sometimes responsible □ rarely responsible comments_ Consideration for Others □considerate □usually considerate □inconsiderate □unkind comments ___ Social Relationship with Peers □ positive relationships □ has occasional problems □prefers to be alone ☐relates poorly comments_ Leadership Ability □excellent □good □average □poor comments_ □very mature □average □somewhat immature □very immature **Emotional Maturity** comments_ Self-Confidence □healthy self-image ☐needs some support ☐ seems overly confident □poor self-image comments_ □highly developed Sense of Humor □good □average □poorly developed comments_ □good □usually good Self Control □occasional misconduct ☐ frequent disruption comments_ □dependent Relationship with Adults □comfortable □uneasy □avoids contact comments_ PLEASE COMMENT Personal qualities (disposition, individuality, organization) Attendance pattern ____ PARENT INFORMATION Please characterize parent involvement, cooperation and support for this student's school experience. Are parent goals realistic for this student? _____ OVERALL COMMENTS We would appreciate additional comments and observations concerning the strengths, weaknesses, health, or any special needs or concerns of this student or family. We welcome any information that you think would be helpful. Feel free to use a separate sheet of paper for further comments in any category. Thank you very much for your time. Your name _ _ signature ___ _date _ please print School _ _ email __