



Grade One - Grade Eight Confidential Teacher Recommendation Form

Good Shepherd Episcopal School
4207 Forest Hill Avenue - Richmond, VA 23225
Telephone: (804) 231-1452 - www.gses.org

Attention Parent(s)/ Guardian(s): Please have your child's present teacher complete this confidential recommendation form, and provide the instructor with a stamped, addressed envelope to the Office of Admission at Good Shepherd Episcopal School in which to mail the form when completed.

Applicant's name: _____ **Present Grade:** _____

The items below ask for your sense of this student's emotional and social growth, intellectual development and relationships within the school community. We understand the difficulty in making such an evaluation, and please know that all remarks will be kept in the strictest of confidence, and that we appreciate the time and effort involved in completing this form.

Name and position of Individual Submitting Recommendation: _____

Present School: _____ Phone Number: _____

Signature: _____ Date: _____

1. How long have you worked with the applicant and in what capacity?

2. What are the first words that come to mind in describing this student?

3. Please comment on the following:

- The student's qualities of mind, particularly originality, imagination, creativity, and maturity:

- The student's study and work habits, particularly industry, initiative, organization, completion of tasks, attention in class, ability to work independently and with a group:

- The student's academic aptitude and achievement, specifically, writing fluency, math/ science reasoning, and analytical thinking skills:

- The student's personal qualities, such as manners, leadership, sense of humor, and relationships with peers and adults:

- The student's character, particularly integrity, responsibility, respect for others, and dependability:

4. Please comment on any strengths or weaknesses not addressed above.

5. Please summarize your evaluation:

Academic achievement: Excellent _____ Good _____ Fair _____ Poor _____

Character: Excellent _____ Good _____ Fair _____ Poor _____

6. Has the Applicant been evaluated for any physical, emotional, or academic reasons?

*Yes _____ No _____ Unsure _____

7. Is the applicant currently on medication or previously been on medication?

*Yes _____ No _____ Unsure _____

* If "yes" to questions 6 or 7, please explain. Attach an additional sheet if necessary.

We sincerely appreciate your time and thank you for filling out this recommendation form. If there is any additional information you would like to share via phone call, please call (804) 231-1452 to speak to the Admissions Director.