

## ENGLISH TEACHER RECOMMENDATION

Student Name \_\_\_\_\_ Current grade \_\_\_\_\_

Teacher name \_\_\_\_\_ School \_\_\_\_\_

School address \_\_\_\_\_

How long have you known this student and in what capacity? \_\_\_\_\_

**Please evaluate the student on the following:**

<b>Skills:</b>		<b>Strong</b>	<b>Average</b>	<b>Needs frequent help</b>
<b>Vocabulary</b>	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writing</b>	Sentence structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clarity of style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to organize ideas logically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading</b>	Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Level of interest in reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to add comments on any of the above skills.

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<b>Attitudes/habits:</b>		<b>Always good</b>	<b>Sometimes good</b>	<b>Needs frequent help</b>
	Attention during class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation/effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Completion of homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to add comments on any of the above attitudes/habits.

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Waldorf education is group-oriented and involves a high degree of peer interaction. How would you describe this student's peer relationships and ability to engage with others? \_\_\_\_\_

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Please describe this student's working relationships with teachers. \_\_\_\_\_

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Has this student received any special accommodations in your class? If yes, what were they and for what reason? Does this student have an IEP, 504 plan or equivalent? \_\_\_\_\_

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Please share any other observations that might help us evaluate this student's ability to succeed in our school's close-knit and collaborative learning environment. \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

May we contact you by telephone for further information about this student? \_\_\_\_\_

Hours and phone number where you can be reached: \_\_\_\_\_

Thank you for your time! Please email this form to [admissions@mainecoastwaldorf.org](mailto:admissions@mainecoastwaldorf.org)