



Elementary Recommendation Form

Student's Name: _____
LAST FIRST MIDDLE

Current Grade: _____

Name of Current School: _____

How long have you known this student: _____
YEARS MONTHS

Please check the boxes that best reflect your evaluation of this student compared to others in the same age.

	EXCELLENT	GOOD	AVERAGE	NEEDS DEVELOPMENT	COMMENTS
Self-Image	☐	☐	☐	☐	
Cooperation	☐	☐	☐	☐	
Concern for Others	☐	☐	☐	☐	
Ability to Focus	☐	☐	☐	☐	
Ability to Listen	☐	☐	☐	☐	
Willingness to Honor Classroom Decisions	☐	☐	☐	☐	
Participation in Group Activities	☐	☐	☐	☐	
Persistence in Completing Difficult Tasks	☐	☐	☐	☐	
Overall Academic Ability	☐	☐	☐	☐	
Understanding of Mathematical Concepts	☐	☐	☐	☐	
Phonics Comprehension	☐	☐	☐	☐	
Spelling/Writing Mechanics	☐	☐	☐	☐	

Please share the first adjectives or phrases that comes to mind when describing this child.

Please share comments on this student's academic strengths/challenges, learning style and social interactions with other children and adults. *Please feel free to use the back of this page or attach a sheet for additional comments.*

Thank you for taking the time to complete this evaluation. Your insights are a valuable part of the student's application process. All information provided will be kept confidential and shared only with the Admission Committee.

SIGNATURE _____ DATE _____

PRINTED NAME _____

TITLE _____

SCHOOL MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER _____