

**TEACHER RECOMMENDATION FORM**  
**Candidate for First through Eighth Grade**



Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

**Parent or Guardian**

Please write your child's name in the space above and sign the following before giving this to your child's teacher. *"I understand and agree that the information contained on this Teacher Recommendation Form is confidential. It will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone else outside of the school office, and I waive any right that I may have to see it."*

\_\_\_\_\_  
 Signature of Parent or Guardian Date

**Teacher**

Please complete this form and include your comments; then return it in the enclosed envelope by February 15<sup>th</sup>. The student's application cannot be processed until this form is received in the School office. In order to give you time to get to know the applicant better, we ask that you not complete this form before December 1<sup>st</sup>. As a current teacher, please evaluate the candidate based on your direct knowledge of him or her, keeping in mind that the applicant should be evaluated according to others of the same chronological age. The Branch School thanks you for your interest, cooperation, and honesty. Your comments will be held in strictest confidence. Upon parental request, this form may be shared with other schools' admission offices.

How long have you known/taught candidate? \_\_\_\_\_

**General Academic Ability**     Superior     High Average     Average     Below Average

<b>Academic Skills</b>	<b>Usually</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>Seldom</b>
Listens to and follows teacher's direction				
Is attentive to group discussions/activities				
Contributes appropriately to group discussions/activities				
Demonstrates ability to work independently				
Perseveres in spite of difficulty				
Works cooperatively				
Demonstrates good visual perception				
Demonstrates good auditory memory				
Exhibits problem-solving abilities				
Expresses ideas clearly				
Moves easily from one activity to another				
Demonstrates appropriate energy level				
Demonstrates ability to stay on task				
Is self-motivated				
<b>Social Skills</b>				
Responds positively to constructive criticism				
Establishes friendships easily				
Is comfortable in a group				
Shares well				
Is considerate of others				
Demonstrates self-control				
Communicates needs effectively				
Takes responsibility for belongings				
Is cooperative				
Demonstrates appropriate behavior				
Exhibits emotional maturity				

Physical Development	Excellent	Good	Needs Improvement
Gross motor coordination			
Speech/Articulation			
Fine motor coordination			
General health			

**Circle the words that best describe this applicant:**

Aggressive	Easily discouraged	Mature	Positive leader
Anxious	Follower	Motivated	Responsible
Articulate	Helpful	Negative leader	Self-disciplined
Cheerful	Honest	Oppositional	Shy
Confident	Immature	Organized	Social
Conscientious	Irritable	Over-protected	Vivacious
Disobedient	Manipulative	Perfectionist	Well-liked
			Witty

Attendance / Punctuality  Good  Acceptable  Poor

I feel the chances for success for this child are greatest in a (*check all that apply*):

Highly challenging academic environment  Developmentally appropriate environment  
 Highly structured environment

If you have additional information that will be helpful in evaluating the candidate's application, please comment. Use another sheet of paper if necessary.

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**Check One:**

Highly recommend  Recommend  Recommend with reservation  Do not recommend  
 (If this answer is "Do not recommend" or "Recommend with reservation," please explain.)

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I would ...  like to  be willing to ... discuss this applicant by phone.

Is there anything regarding the family that would be helpful for us to know?

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Signature of Teacher \_\_\_\_\_

Teacher Name (Printed) \_\_\_\_\_

Date \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

School Telephone \_\_\_\_\_

Teacher's Telephone \_\_\_\_\_

Parental Involvement	Usually	Frequently	Sometimes	Seldom
Participate in school activities				
Support school policies and procedures				
Work with teacher recommendations for child				

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_