

Teacher Recommendation Form

For Grades 2 through 6

Name of Applicant	Date of birth:				
Applying for Grade: 2 3 4 5 6 Apply	ring for school yea	☐ Male ☐ Female			
Teacher: Your insights and observations are important in helping to dichild and the family so that his/her aspirations can best be rewill be held in strictest confidence and will be made available form will not become a part of the student's permanent recommendation.	eached. Please kn e only to admissio	ow that the pro	ofessional comm	ents you share	
Personal Attributes	Outstanding	Above Average	Average	Below Average	
Conduct					
Attitude and cooperation					
Character and integrity					
Peer relationships					
Responsibility for personal actions					
Concern for others					
Respect for adults					
Leadership					
Academics	Outstanding	Above Average	Average	Below Average	
Academic ability					
Achievement in relation to potential					
Intellectual curiosity					
Comments					

Study Skills	Consistently	Usually	Sometimes	Rarely
Able to work independently				
Follows directions				
Is organized				
Demonstrates attention span				
Participates and shows interest				
Works well in a group				
Completes classwork assignments on time				
Completes homework assignments on time				
Comments				
Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Follows the rules and policies of the school				
Comments				
Has this student ever been involved in disciplinary action	(s)? If yes, please exp	olain:		
Administrative comment (optional)				

Name	Position	
Signature	Date	
School	Phone	
School address		

Note: I agree and understand that my typed signature is the equivalent of my manual/handwritten signature.

Please email completed form to: Vivian Bradford Director of Enrollment & Growth vbradford@sjeds.org