



CONFIDENTIAL TEACHER RECOMMENDATION FORM For Grades 2 - 8

This recommendation form is to be signed by the parents or guardians and given to the student's present school.

I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to Kellman Brown Academy for the purpose of admission to the school. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature _____ Date _____

Second Parent/Guardian Signature _____ Date _____

Name of Student _____ has applied for grade _____ at Kellman Brown Academy.

Evaluator: Please complete both sides of this form and send to the requesting school in the enclosed self-addressed envelope. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known this student and in what connection? _____

Please list subjects taught, including level of difficulty: _____

Please list textbook(s) used, if applicable: _____

	<i>Exceeds Age Expectations</i>	<i>Age Appropriate</i>	<i>Needs Development</i>	<i>No Basis for Judgment</i>
Attention skills, concentration, focus				
Original thinking, creativity of approach				
Self-motivation, effort, drive				
Ability to work independently and productively				
Follows directions				
Seeks help when needed				
Works well cooperatively/in groups				
Study habits, organization, task completion				
Willingness to take risks, try new activities				
Participation in class discussion				
Fine motor development				
LISTENING: receptive language skills				
READING: decoding				
READING: comprehension				
READING: for pleasure				
WRITING: mechanics				
WRITING: spelling				
WRITING: organization of ideas				
WRITING: creativity and imagination				
SPEAKING: fluency, clarity of expression				
MATH: sense of number				
MATH: computation				
MATH: problem solving				
MATH: spatial sense				

(please see other side)

Please comment on each of the following regarding this child:

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and homework preparation: _____

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace: _____

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues: _____

Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration: _____

Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor: _____

Is there anything else that the school should know as this student is considered for admission? _____

Do you have any additional information that may be helpful in our evaluation of this student? _____

To your knowledge, are the parents in agreement with your view of the student? Yes No

May we contact you for further information? Yes No

Teacher's Name

School Name

Position

School Address

Telephone

E-Mail

Signature

Date