



**Our Savior Lutheran Academy  
Teacher Recommendation Form  
Grades 3 – 8**

Wendy Morris  
Principal

Telephone (615) 833-1500  
Fax (615) 833-3761

Name of applicant \_\_\_\_\_

Candidate for grade \_\_\_\_\_

**PARENT WAIVER**

Dear Parent or Legal Guardian,

Please write your child's name in the space above and read and sign the following before giving this referral form to your child's current school along with a stamped enveloped addressed to Our Savior Lutheran Academy.

*I understand and agree that the information contained on the Academic Referral Form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. My signature acknowledges my permission for the teacher or school official to complete the form and return it directly to OSLA. I also agree to waive my rights to view this form.*

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**This form is to be completed by a CORE curriculum teacher. (English, math, science, etc.)(NO elective teachers please.)**

Dear Educator,

Please complete this entire form and see that it is promptly returned to Our Savior Lutheran Academy. Please evaluate the candidate based on your direct knowledge of him/her. We ask that you keep in mind that the applicant should be evaluated in comparison to other students of the same chronological age. We thank you for your interest, cooperation, and honesty. Your comments will be held in strict confidence. Please check the appropriate boxes and include comments. The student's application cannot be processed until this form is received by Our Savior Lutheran Academy.

The candidate's general academic ability is... \_\_\_\_\_ Superior \_\_\_\_\_ High Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average

<b>Academic Ability</b>	<b>Always</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>Seldom</b>
Listens to and follows teacher's directions				
Is attentive to group discussions/activities				
Contributes appropriately to group discussions/activities				
Demonstrates ability to work independently				
Perseveres in spite of difficulty				
Works cooperatively				
Enjoys new challenges				
Expresses written solving abilities				
Expresses verbal ideas clearly				
Exhibits problem solving abilities				
Is self-motivated				
Is intellectually curious				
Is prepared for class				
<b>Social Skills</b>				
Establishes friendships easily				
Is comfortable in a group				
Is respected by faculty				
Takes pride in appearance				
Respects those in authority				

Demonstrates self control				
Takes responsibility for belongings				
Is cooperative				
Demonstrates appropriate social behavior				

<b>Physical Development</b>	<b>Excellent</b>	<b>Good</b>	<b>Needs Improvement</b>
Exhibits emotional maturity			
Gross Motor Coordination			
Speech/Articulation			
Fine Motor Coordination			
General Health			

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

- |                     |                |                 |                    |                       |
|---------------------|----------------|-----------------|--------------------|-----------------------|
| Aggressive          | Honest         | Immature        | Disobedient        | Self-disciplined      |
| Mature              | Oppositional   | Vivacious       | Manipulative       | Conscientious         |
| Over-protected      | Social         | Cheerful        | Self-centered      | Follower              |
| Shy                 | Confident      | Irritable       | Easily Discouraged | Perfectionist         |
| Helpful             | Witty          | Responsible     | Motivated          | Positive leader       |
| Anxious             | Articulate     | Well-liked      | Organized          | Negative leader       |
| Emotionally erratic | Impulsive      | Low self-esteem | Respects authority | Disrespects authority |
| Emotionally stable  | Short-tempered | Artistic        | Athletic           | Considerate of others |

Please give any additional information that may be helpful in evaluating the candidate. List medication and effects. Attach another sheet of paper if necessary.

How long have you known the candidate and in what capacity? \_\_\_\_\_

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

Name of current school \_\_\_\_\_ Date \_\_\_\_\_

School address \_\_\_\_\_ Telephone number \_\_\_\_\_

**Signature of Educator** \_\_\_\_\_ **Position** \_\_\_\_\_

**Principal/Administrator**

<b>Student Attendance</b>	<b>Yes</b>	<b>No</b>	<b>If yes, please explain</b>
Has poor attendance been of concern to your school?			
Has habitual tardiness been of concern to your school?			
Has the candidate ever been suspended from your school?			
Has candidate been expelled from your school?			

<b>Family Matters</b>	<b>Always</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>Seldom</b>
Participates in school activities				
Supports school policies and procedures				
School financial matters in good standing				
Diligent in regards to attendance, tardies, etc.				

**Signature of principal or administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

Please attach a sheet of paper with any additional information that may be helpful in evaluating the candidate.