



Teacher Recommendation Form

Pre-K – Grade 2

Name of applicant _____ Candidate for grade _____

Dear Educator,

The student named above has applied for admission to Our Savior Lutheran Academy. We would appreciate your assessment of this student in comparison to other students of the same chronological age. Your candid, honest, and thoughtful assessment of this applicant will be very helpful. This information will be kept confidential, and will not become part of the student's permanent file. If you have any questions concerning the requested information, please contact the school. Thank you for your assistance. The student's application cannot be processed until this form is received by Our Savior Lutheran Academy.

Please respond to the following:

1. Describe the student's relationship with teachers and other adults.

2. Describe the student's relationship with his/her peers.

3. Describe the parents' expectations of both the child and his/her school.

4. Has the child had any on-going problems with the following behaviors? Circle all that apply and explain any necessary details.

Motivation Listening/Obedying Cooperation Attention Hitting Kicking

5. Please describe any special or unusual characteristics that you feel are important in evaluating this child. This may be a strength, weakness, or concern that you see as relevant.

6. Please include any additional comments that you feel are important.

7. I recommend this student:

_____ with enthusiasm _____ with confidence _____ with reservations _____ I do not recommend

5. Rate the student 's personal and academic characteristics in the following areas by placing a checkmark in the appropriate blank Please feel free to add any comments on another sheet of paper.

| | Exceeds Expectations | Age Appropriate | Not Age Appropriate |
|----------------------|----------------------|-----------------|---------------------|
| Level of maturity | | | |
| Academic readiness | | | |
| Self-help skills | | | |
| Curiosity | | | |
| Listening skills | | | |
| Response to limits | | | |
| Self-directed | | | |
| Communication skills | | | |
| Self-control | | | |
| Grasps new concepts | | | |

Name of person completing evaluation _____ Title _____

Relationship to applicant _____

Length of time acquainted with student _____

School _____

Address _____

School telephone number _____

Signature _____ Date _____

Our Savior Lutheran Academy

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