



**Teacher Recommendation Form
Students Entering Grades 2 - 5**

Please submit forms upon receipt

Name of Student: _____ Date of Birth: _____

Current School: _____ Current grade level: _____

Name of respondent: _____ Applying for grade: _____

My relationship has been that of: _____ I have known student for _____ months / years (circle one)

For parents: I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for purposes of my child's application.

Parent Signature: _____ Date: _____

For persons submitting recommendation: The School would appreciate your candid assessment of the applicant's abilities. If the applicant's parent has signed the waiver above, your recommendation will be kept confidential.

Purpose: We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing, and developing. This form is only one piece of the student's profile to be used in our assessment process. This form will not become a part of the student's permanent record. Thank you for your thoughtful attention to this request.

Please use the following scale to evaluate this student's qualities. Mark an X along the scale that best describes this student for each quality. Add any additional comments as needed.

CHARACTER AND PERSONALITY TRAITS

Conduct

----- ----- -----	Comments:
Exceeds Age Needs Area of Expectations Appropriate Development Concern	

Leadership

----- ----- -----	Comments:
Exceeds Age Needs Area of Expectations Appropriate Development Concern	

Maturity

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Exceeds Age Needs Area of Expectations Appropriate Development Concern	

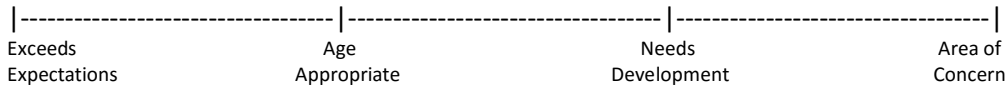
Social relationship with peers

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Exceeds Age Needs Area of Expectations Appropriate Development Concern	

Self-confidence

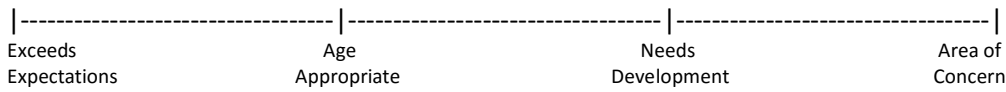
----- ----- -----	Comments:
Exceeds Age Needs Area of Expectations Appropriate Development Concern	

Integrity



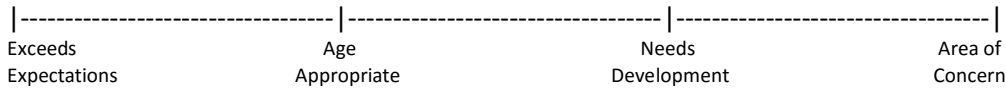
Comments:

Sense of humor



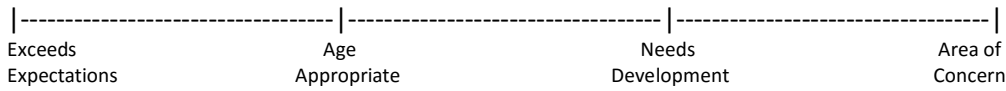
Comments:

Sense of responsibility



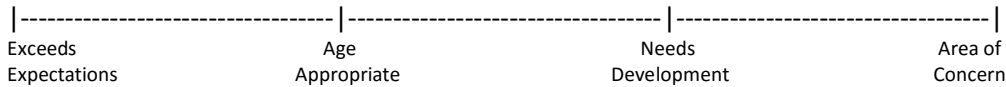
Comments:

Interaction with teachers/adults



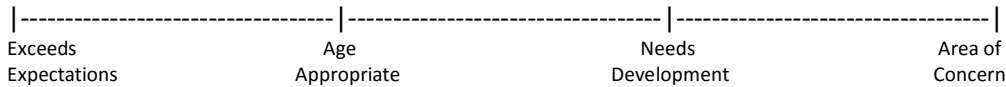
Comments:

Creativity



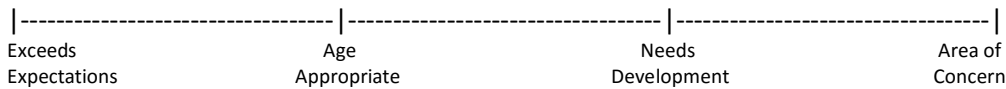
Comments:

Respect for others



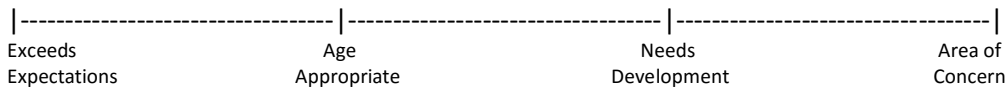
Comments:

Concern for others



Comments:

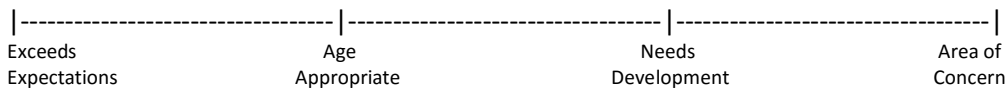
Self-discipline



Comments:

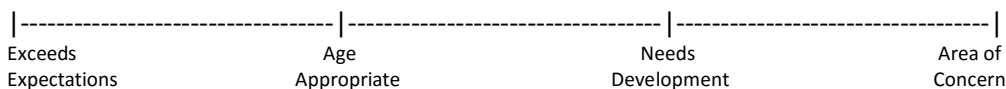
ACADEMIC TRAITS

Academic potential



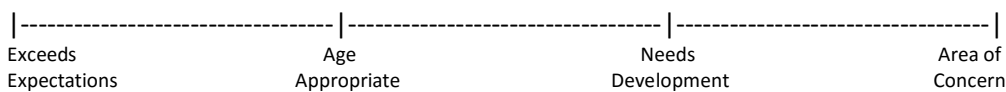
Comments:

Academic achievement



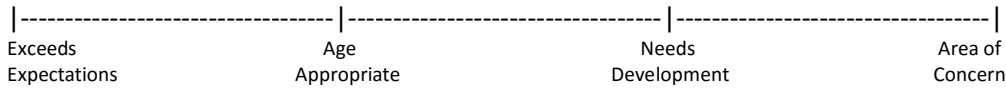
Comments:

Self-motivation



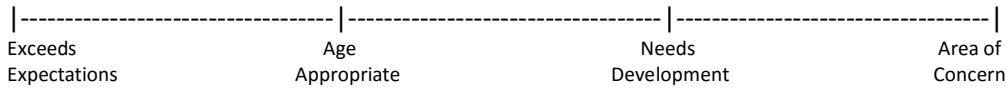
Comments:

Effort/Initiative



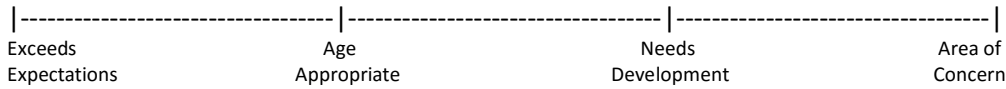
Comments:

Study habits/Organization of work



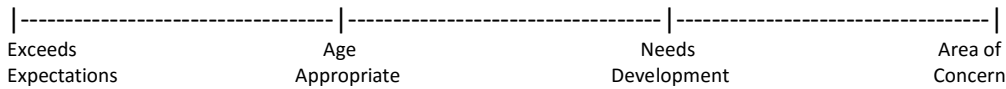
Comments:

Intellectual curiosity



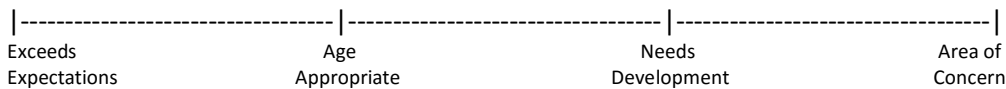
Comments:

Level of engagement



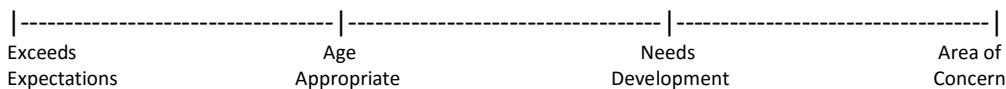
Comments:

Ability to follow directions



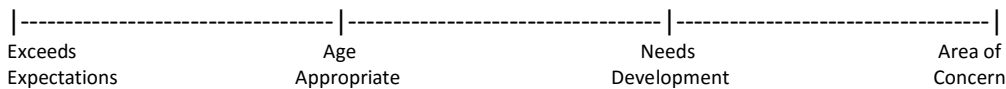
Comments:

Ability to work independently



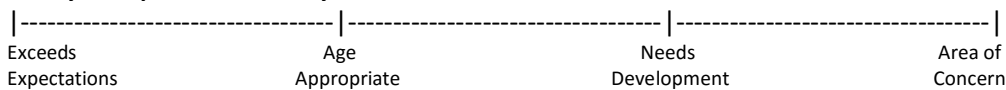
Comments:

Ability to work in a group



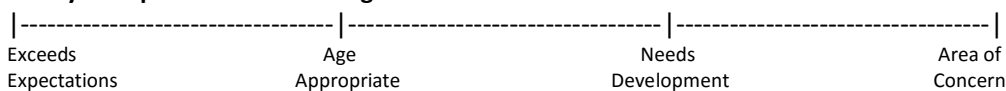
Comments:

Ability to express ideas orally



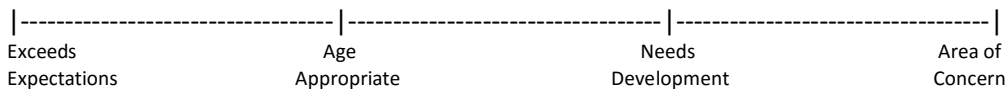
Comments:

Ability to express ideas in writing



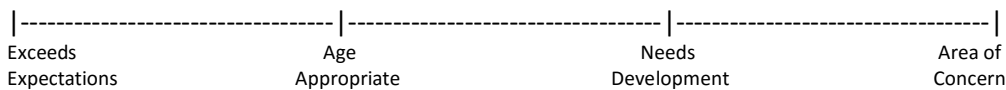
Comments:

Self-discipline



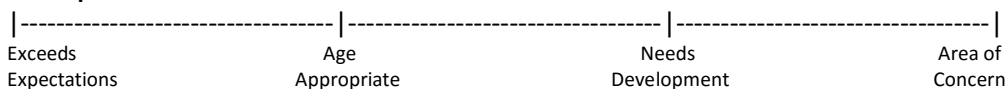
Comments:

Attendance



Comments:

Participation in class



Comments:

Please circle the words that you feel describe this student:

Aggressive	Confident	Follower	Irritable	Over-protected	Self-Centered	Social
Anxious	Conscientious	Happy	Manipulative	Passive/Resistant	Self-Disciplined	Influential
Articulate	Disobedient	Helpful	Negative Leader	Perfectionist	Shy	Organized
Cheerful	Honest	Motivated	Positive Leader	Easily Discouraged	Responsible	Well-liked

GENERAL QUESTIONS

1. What frustrates this student?

2. Please comment on this student's academic strengths:

3. Please comment on any particular academic difficulties for this student:

4. Does the student have any special needs to address for him/her to be successful in school?

5. We feel it is important to assess an applicant's social as well as academic adjustment. Please comment on this student's relationship with peers (friendliness, sociability, concern for others, leadership, etc):

6. Are this student's parents supportive of the efforts of the teachers?

7. Any additional information that you consider important for us to know:

8. To your knowledge has this applicant had any outside assessments, IEP's, or 504 plans? If so, when?

DIBELS Assessment or other:	Yes ____	No ____	Score ____
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Submitted by: _____ Date: _____
Phone number where we may reach you: _____ Email: _____

**Please return to: The McGillis School, 668 South 1300 East, Salt Lake City, UT 84102
Fax: 801-583-0720 or Email: swarmath@mcgillisschool.org**