



## TEACHER RECOMMENDATION FORM

Applicant's Name \_\_\_\_\_ Applying to Grade \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

What adjectives come to mind when you think of this applicant? \_\_\_\_\_

Please check the appropriate rating:

	Superior	Good	Average	Below Average	Poor
<b>SOCIAL DEVELOPMENT</b>					
Attention Span					
Ability to Follow Directions					
Ability to Complete Tasks					
Ability to Work in a Group					
Attitude Toward Teachers					
Attitude Toward Peers					
Confidence					
Ability to Communicate					
Assumption of Responsibility					
Conduct					
<b>ACADEMIC PERFORMANCE</b>					
Reading Skills					
Writing Skills					
Language Ability					
Math – Facts & Computation					
Math – Problem-Solving Skills					
Work Ethic					
Organizational Skills					
<b>FAMILY</b>					
Supports Child and His/Her Needs					
Supports School and Teacher					
Attendance					
Health					
Has outside help been recommended?	Yes	No			
Has outside help been given?	Yes	No			



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Please comment briefly on the following:

Applicant's social and/or emotional development as compared with his/her peers:

Applicant's greatest strengths:

Applicant's limitations, disabilities, or special needs:

Parental expectations, support, and attitude toward child:

Parental expectations and support of school:

Special comments:

The student has been enrolled in this school for \_\_\_\_\_ year(s).

I have known this student for \_\_\_\_\_ year(s).

Teacher's Name \_\_\_\_\_ Position \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

Please mail this form directly to the school office. Thank you for completing this recommendation form. All information will be considered strictly confidential.

◆P.O. Box P◆ Waxahachie, TX. 75168◆  
◆(972) 937-0440◆ FAX: (972) 937-5033◆ registrar@wpcademy.org ◆

