



Teacher Recommendation Grades 1 – 6

Parents: Please fill in your child's name and give this form to your child's lead teacher for completion.

Teacher: Please complete this form and mail or email it to the address at the top of the page as soon as possible. Thank you.

Student's Name: _____

School: _____

Teacher's name: _____

Relationship to Student: _____

	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Does Not Meet Expectations</i>	<i>Not Applicable</i>
Classroom Participation	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____
Ability to follow instructions	_____	_____	_____	_____
Interaction with peers	_____	_____	_____	_____
Interactions with teacher and other adults	_____	_____	_____	_____
Ability to articulate questions and formulate responses	_____	_____	_____	_____
Completion of assignments	_____	_____	_____	_____
General behavior	_____	_____	_____	_____
Proficiency in math	_____	_____	_____	_____
Proficiency in language arts	_____	_____	_____	_____

Please use the back of this page to respond to the following:

1. Please describe this student.
2. Is there anything else you would like to tell us to assist in the placement process?

Signature _____

Date: _____