



Teacher Recommendation Form for Grades 1-6

To the Parent: Complete the top portion of this form and give it to your child's current teacher, along with a stamped envelope addressed to **Tall Cedars Academy, P.O. Box 132, Duvall, WA, 98019**. They may also fax this form to us at **425-788-6844**.

Applicant's Name _____
First Middle Last

Today's Date _____ Applying for Grade _____ Date of Birth _____

I hereby give permission for you to release the information on this form concerning my child to Tall Cedars Academy. I, the parent/guardian, understand that I will not have access to this confidential information.

 Parent/Guardian signature

To the Child's Current Teacher: The above-named student has applied for admission to Tall Cedars Academy. To assist us in determining if our program suits this student's educational needs, we ask that you complete and return this descriptive form to us. Please feel free to add additional comments where you see fit. We value your input and assure you that all information will be held in confidence.

- | | | | | |
|---|--|--|---|---|
| 1. Academic potential | <input type="checkbox"/> outstanding | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> limited |
| 2. Academic achievement | <input type="checkbox"/> exceeds expectations | <input type="checkbox"/> above grade level | <input type="checkbox"/> at grade level | <input type="checkbox"/> below expectations |
| 3. Effort/motivation | <input type="checkbox"/> maximum | <input type="checkbox"/> usually good | <input type="checkbox"/> sporadic | <input type="checkbox"/> limited |
| 4. Study habits | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| 5. Ability to work in groups | <input type="checkbox"/> always works well | <input type="checkbox"/> usually effective | <input type="checkbox"/> sometimes difficult | <input type="checkbox"/> great difficulty |
| 6. Ability to work independently | <input type="checkbox"/> always works well | <input type="checkbox"/> sometimes needs help | <input type="checkbox"/> usually needs help | <input type="checkbox"/> needs much help |
| 7. Curiosity | <input type="checkbox"/> marked | <input type="checkbox"/> consistent | <input type="checkbox"/> occasional | <input type="checkbox"/> little |
| 8. Ability to express ideas verbally | <input type="checkbox"/> exceptional | <input type="checkbox"/> good | <input type="checkbox"/> has some difficulty | <input type="checkbox"/> limited |
| 9. Ability to express ideas in writing | <input type="checkbox"/> exceptional | <input type="checkbox"/> good | <input type="checkbox"/> has some difficulty | <input type="checkbox"/> limited |
| 10. Imagination | <input type="checkbox"/> highly developed | <input type="checkbox"/> active | <input type="checkbox"/> fair | <input type="checkbox"/> little |
| 11. Use of time | <input type="checkbox"/> always uses effectively | <input type="checkbox"/> usually uses well | <input type="checkbox"/> occasionally wastes | <input type="checkbox"/> uses poorly |
| 12. Follows directions | <input type="checkbox"/> quickly and effectively | <input type="checkbox"/> occasionally needs help | <input type="checkbox"/> needs frequent explanation | <input type="checkbox"/> rarely able to do so |

13. Seeks help when needed	<input type="checkbox"/> always	<input type="checkbox"/> usually	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely
14. Attention span	<input type="checkbox"/> exceptionally good	<input type="checkbox"/> usually good	<input type="checkbox"/> sometimes distracted	<input type="checkbox"/> easily distracted
15. Maturity in terms of age/grade	<input type="checkbox"/> exceeds	<input type="checkbox"/> mature	<input type="checkbox"/> somewhat immature	<input type="checkbox"/> very immature
16. Respect for others	<input type="checkbox"/> highly respectful	<input type="checkbox"/> respectful	<input type="checkbox"/> usually respectful	<input type="checkbox"/> disrespectful
17. Social interactions with peers	<input type="checkbox"/> extremely well-liked	<input type="checkbox"/> positive relationships	<input type="checkbox"/> has occasional problems	<input type="checkbox"/> relates poorly
18. Reaction to criticism	<input type="checkbox"/> very positive	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
19. Leadership potential	<input type="checkbox"/> a natural leader	<input type="checkbox"/> seeks opportunities and uses them well	<input type="checkbox"/> leads when given responsibility	<input type="checkbox"/> a follower
20. Initiative	<input type="checkbox"/> often initiates	<input type="checkbox"/> occasionally initiates	<input type="checkbox"/> rarely shows initiative	<input type="checkbox"/> never initiates
21. Classroom conduct	<input type="checkbox"/> excellent	<input type="checkbox"/> usually good behavior	<input type="checkbox"/> occasional misconduct	<input type="checkbox"/> frequent disruptions
22. Sense of humor	<input type="checkbox"/> initiates positively	<input type="checkbox"/> laughs with others	<input type="checkbox"/> fair	<input type="checkbox"/> rarely laughs or smiles
23. Self confidence	<input type="checkbox"/> positive self image	<input type="checkbox"/> appears overly confident	<input type="checkbox"/> needs some support	<input type="checkbox"/> needs much reassurance

Please describe the family's relationship with the faculty and administration: _____

Is there any additional information that could be better conveyed in a phone conversation? Yes No
 If yes, please indicate a phone number and the best time to reach you: _____

Specific Recommendation:

Highly Recommended Recommended Recommended with Reservations (*please explain below*)

Prefer NOT to Make a Recommendation (*please explain below*) Not Recommended

Form completed by: _____ Position: _____
 (please print)

Signature: _____ Date: _____

Subject(s) taught applicant: _____ I have known applicant for _____ years.

School Name: _____ School Phone: _____

School Address: _____ City: _____ Zip code: _____