

Teacher Recommendation Form

Grades 2nd-8th

To: Parent/Guardian

Please complete the information below and give this form to your child's current or previous school teacher, director, or any other educational instructor who has observed your child's academic progress.

Applicant's Name: _____

Applying for Grade: _____ School Year: _____

I acknowledge that I waive my right to the confidential teacher recommendation for the student listed above.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

To: Teacher/Director

We appreciate your cooperation in completing this form. Your observations and honest assessment will help us determine the applicant's abilities and needs for admission purposes. This recommendation is reviewed with the awareness that children continually develop and change as they grow. All information you provide will be kept confidential.

I have known this candidate for _____ years/months

My relationship has been that of _____

Date: _____

Please place a check mark in the column that best describes the child.

Conduct	Usually	Sometimes	Seldom	<u>Comments</u>
Considerate of others				
Is supportive of peers				
Is respectful of adults				
Exhibits leadership skills				
Demonstrates emotional maturity				
Demonstrates self-confidence				
Demonstrates integrity				
Has a sense of responsibility				
Participates in extracurricular activities				

Study Habits	Excellent	Satisfactory	Poor	<u>Comments</u>
Self-motivation				
Organization of time and work				
Intellectual curiosity				
Attention span				
Ability to express ideas orally				
Ability to follow directions				
Ability to work independently				
Ability to work in groups				
Responds positively to constructive criticism				
Perseverance				
Attendance				
Exhibits problem-solving abilities				
Enjoys new challenges				
Reading grade level				
Math grade level				

Please comment briefly on each of the following regarding this child:

- 1.) From your observation, what are this child's particular strengths?

- 2.) Are there significant weaknesses or problems of which we should be aware?

- 3.) What words would you use to describe this student?

- 4.) What is the parent cooperation and involvement with the school?

Would you be willing to discuss your evaluation if we have further questions? Yes No

Signature: _____ Position: _____

School: _____ Telephone: _____

Please return to: Olney Adventist Preparatory School, 4100 Olney-Laytonsville Road, Olney, MD 20832

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