TEACHER RECOMMENDATION FORM (Primary B - F)

Name of Applicant:										
Applying for Grade:	Beginning in the fall of:									
To the teacher: Your thoughtf	ul evaluation of th	is student will as	sist our Admission Comm	ittee and help pro	ovide information for the					
best placement for the applica	nt. The information	on you provide w	vill be kept in strictest con	fidence and will r	not become part of the					
student's permanent record, n	or will it be shared	d, directly or indi	rectly, with the applicant'	s parents. Please	complete both sides of					
nis form by Thank You.										
Teacher's Name			Signature	Signature						
Title/Position			Date	Date						
Name/Address of School	School Name	street	city	state	zip					
Email Address	School Name	sueet	Phone Number							
How long have you known the	applicant?									
How long has the applicant be	en enrolled at you	r school?								
Briefly describe the math curri	culum and the tex	t(s) you use in cl	ass.							
Briefly describe the reading/w	riting curriculum a	nd the text(s) yo	ou use in your class.							

ACADEMIC/PERSONAL CHARACTERISTICS	Exceeds Age Expectations	Age Appropriate	Still Developing	Comments
Self- motivation, effort				
Study habits, organization				
Ability to work independently				
Ability to work in a group				
Attention, concentration, focus				
Respect for others				
Willingness to take risks, try new things				
Participation in class discussion				
Self-confidence				
Ability to exhibit self-control				
Ability to complete tasks				
Ability to seek help when needed				
Response to limits				
Ability to make transitions				

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Please circle all the words that describe this student				Helpful Flo		Flexib	Flexible		
Well-liked	Anxious	Caring	Aggressive Disobedient		ient	Easily discouraged		Conscientious	
Empathetic	Honest	Influential	Irritable		Manipulative		, Organ	_	Confident
•				_	•		•		
Follower	Shy	Distractible	Responsible	le Negative leader		Seif-Disciplined		Assertive	
Over-protected	Articulate	Distracting	Self-Center	ed	Positive leader		Perfectionist		Other
COGNITIVE ABILITY				Age propriate	Sti Develo			Comments	
Reading – literal comprehension						, i.e.			
Reading – ability	to make inference	es							
Writing – mecha	nics								
Writing – organiz	zation								
Handwriting									
Creativity and im	agination								
Fluency, clarity o	f expression								
Math – computa	tion								
Math – problem	solving								
Math – number s	sense								
Intellectual curio	sity								
Please list the applicant's academic strengths and weaknesses (effort, curiosity, motivation, achievement, homework preparation):									
Please describe the applicant's character (leadership, honesty, responsibility, concern for others, sense of humor):									
,									
Please add any c	omments you fee	l would help th	e committee ga	in a b	etter und	erstandi	ng of th	nis applicant:	
Darantal avecata	tions and attitud	2 + 2 1 1 2 1 d + b 2 c b	:I.d.						
Parental expecta	tions and attitude	e toward the ch	iiu:						
How would you	compare the aca	demic achieven	nent of this stu	dent	to that of	other st	udents	you have obse	erved?
Superio	r Good	Aver	age Be	low A	Average				
How would you	compare the <i>per</i> s	sonal qualities	of this student	to th	at of othe	r studen	ts you l	have observed	?
Superio	r Good	Aver	age Be	low A	Average				
Are the parents	cooperative and	involved in the	School?						
-	onally cooperative		rally cooperative	ve	Rarely co	ooperati	ve	Rather disin	terested
						YES NO			
Would you be willing to discuss this applicant by telephone if we have further questions? Is there information about this applicant that would be better communicated by telephone?									
Is there informa	tion about this ap	plicant that wo	ould be better (comm	nunicated	by telep	hone?	YES NO	

When complete, please forward the recommendation in a sealed envelope to Next Generation School, ATTN: Kristin Sandone, 2521 Galen Drive, Champaign, IL 61821. We would appreciate if you sign your name over the sealed flap of the envelope.