



Teacher Recommendation Form

To Parents: Please complete the top two sections of this form and return it to Whatcom Day Academy. We will forward it to the teacher. Thank you.

Name of teacher: _____

Name of school: _____

School address: _____

School phone number: _____ School fax number: _____

Student's last name: _____ First: _____ Middle: _____

My child has applied to Whatcom Day Academy for the _____ school year. I hereby authorize the release of written and/or verbal information pertinent to my child's application to Whatcom Day Academy.

Your prompt attention to this matter is very much appreciated. Thank you for your time and assistance.

Signature of parent _____ Date _____

To the Teacher: Please complete the form below and mail it to the school in the envelope provided. Your thoughtful assessment of this student is an important part of our admissions process and will help us plan an appropriate program for the student, should he/she be admitted. This recommendation will remain confidential and will not become part of the student's permanent record. Thank you.

What years did you teach this student? _____

What grades/subjects did you teach this student? _____

For each item listed below, please check the most appropriate description of this student:

Study habits	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Ability to work in a group	<input type="checkbox"/> has great difficulty	<input type="checkbox"/> sometimes has difficulty	<input type="checkbox"/> usually effective	<input type="checkbox"/> always works well
Ability to work independently	<input type="checkbox"/> needs constant help	<input type="checkbox"/> needs frequent help	<input type="checkbox"/> needs occasional help	<input type="checkbox"/> always works well
Creativity/problem solving skills	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Integrity	<input type="checkbox"/> questionable	<input type="checkbox"/> usually trustworthy	<input type="checkbox"/> trustworthy	<input type="checkbox"/> highly trustworthy
Considerate of others	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
Takes responsibility for actions	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
Organizational ability	<input type="checkbox"/> disorganized	<input type="checkbox"/> sometimes loses work	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Communication skills	<input type="checkbox"/> poor	<input type="checkbox"/> limited	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Attention span	<input type="checkbox"/> easily distracted	<input type="checkbox"/> sometimes distracted	<input type="checkbox"/> usually good	<input type="checkbox"/> maximum
Sense of humor	<input type="checkbox"/> rarely laughs or smiles	<input type="checkbox"/> not always appropriate	<input type="checkbox"/> can laugh at own foibles	<input type="checkbox"/> uses humor sensitively
Self-confidence	<input type="checkbox"/> needs assurance	<input type="checkbox"/> overly confident	<input type="checkbox"/> needs some support	<input type="checkbox"/> positive self image

(continued on reverse side)

Teacher Recommendation Form (continued)

Please comment on this student's academic and personal strengths/weaknesses:

Please describe this student's learning style:

Please comment on how this student interacts with peers and adults:

Please comment on parental involvement in this student's education:

Does this child have any special needs? Has the child had an IEP?

Add any additional comments you would like to include about your experiences with this student:

If we need further clarification, may we contact you by phone? Yes No Phone: _____

Teacher's Signature

Date