



## Principal/Teacher Recommendation Form

**TO THE PARENT/GUARDIAN:** Please complete the top portion of this form and then give it to your child's teacher or principal to complete. Your signature acknowledges that you provide the teacher or principal your permission to share information with our school. Thank you.

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current School:** \_\_\_\_\_ **Number of Years Attended** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**TO THE TEACHER:** This form was developed to allow an exchange of information about the student whose name appears above. Your candid assessment of the applicant is very helpful in our admissions process and in the placement of this student in appropriate classes. Thank you for your time and effort.

**Name of Principal or Teacher:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please evaluate the student in the following areas by placing a check in the appropriate column.

	TRULY OUTSTANDING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What words come to mind when you think of this student?

Back Side Please

