



Our Savior Lutheran School

Teacher Recommendation 1st through 8th Grade Classes

Name of Applicant: _____ Grade: _____

Parent or Guardian: Please write your child's name in the space above, read and sign the following before giving this to your child's teacher.

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

Signature of Parent or Guardian

Date

Teacher: Please complete this confidential form and return it in the enclosed envelope.

This Teacher Recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. *The child's application cannot be processed until this form is received in the Admissions Office.*

Academic Skills

Ratings	<i>Truly Outstanding</i>	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Listens to and follows teacher's directions					
Is attentive to group discussions/activities					
Contributes appropriately to group discussions					
Demonstrates ability to work independently					
Perseveres in spite of difficulty					
Works cooperatively					
Enjoys new challenges					
Exhibits problem solving abilities					
Transitions from one activity to another					
Uses classroom materials purposefully & respectfully					
Demonstrates appropriate energy level					
Demonstrates ability to stay on task					
Exhibits appropriate work ethic					

Social Skills

Ratings	<i>Strong</i>	<i>Age Appropriate</i>	<i>Emerging</i>	<i>Not Observed</i>
Responds positively to constructive criticism & redirection				
Establishes friendships easily				
Is comfortable in a group				
Is considerate and respectful of others				
Shows empathy and caring for others				
Communicates needs effectively				
Takes responsibility for belongings				
Is cooperative				
Exhibits emotional maturity				
Demonstrates self-control				

Physical Development

<i>Ratings</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Gross motor coordination				
Fine motor coordination				
Speech/ Articulation				
General Health				

Circle the words that best describe this applicant

- | | | | | |
|---------------|--------------------|-----------------|-----------------|------------------|
| Aggressive | Disobedient | Irritable | Organized | Self-disciplined |
| Anxious | Easily Discouraged | Manipulative | Over protected | Shy |
| Articulate | Follower | Mature | Perfectionist | Social |
| Cheerful | Helpful | Motivated | Positive Leader | Vivacious |
| Confident | Honest | Negative Leader | Responsible | Well-liked |
| Conscientious | Immature | Oppositional | Self-centered | Witty |

• Is this applicant habitually tardy or absent? Yes No
 If yes, please elaborate: _____

• As a student, this applicant is:
 Highly recommended Recommended Recommended with reservation Not recommended
 If you checked "Recommended with reservation" or "Not recommended," please explain: _____

• Is there anything regarding the family that would be helpful for us to know? _____

• If you have additional information that will be helpful to the Admissions Committee in evaluating the applicant's application, please comment. If needed, use an additional sheet of paper: _____

• I would: like to be willing to discuss this applicant by telephone.

Signature of Teacher: _____ Date: _____

Name of School: _____ Telephone: _____

School Address: _____ Home Telephone: _____