



# Teacher Recommendation

*Confidential*

**To the Teacher:**

\_\_\_\_\_ is an applicant to grade \_\_\_\_\_ at Oregon Episcopal School for the 20\_\_\_\_ - 20\_\_\_\_ school year. Your candid assessment of the applicant would be very helpful to the admissions committee. Please complete both sides of this form and **return it directly to the OES Admissions Office**. This form provides one way for us to get to know the child, and all recommendations are reviewed with the full awareness that young children are constantly changing and developing. We value your response to each question and will keep your input **confidential**.

**Please comment on the following:**

What do you see as the special strengths, academic, or non-academic, of this child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this child need extra assistance from the teacher? Describe any extra help or special services the child receives. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this child draw a lot of attention to her/himself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this child respond when faced with a task that appears difficult for him/her? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In group situations, what behavior does this student typically display? A) tries to control B) takes the lead C) participates cooperatively D) observes E) seeks attention F) Other \_\_\_\_\_  
\_\_\_\_\_

Beginning reading skills, if any: \_\_\_\_\_

Beginning math skills, if any: \_\_\_\_\_

Are parents realistic in their expectations of their child? \_\_\_\_\_  
\_\_\_\_\_

What is the parent cooperation and involvement with the school? \_\_\_\_\_  
\_\_\_\_\_

Is there anything unusual or exceptional about this child that you feel deserves special consideration by the members of the admissions committee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name

	Area of strength	Age appropriate	Progressing	Area of concern	Comments
<b>Social/Emotional Development</b>					
Exhibits courtesy and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shows empathy toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interaction with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shares well without prompting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates ability to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demonstrates ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Skill Development**

Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to focus in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participation in group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Completes tasks independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to focus on individual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respect for classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transitions between activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Response to behavioral redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Willingness to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enthusiasm for new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expresses ideas well verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grasps new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits self-help skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Physical Development**

Outstanding      Age-Appropriate      Needs Development

Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

I have known this child \_\_\_\_\_ years, \_\_\_\_\_ months. My relationship has been that of \_\_\_\_\_

(S)he attends school from \_\_\_\_\_ to \_\_\_\_\_ each day. This class has \_\_\_\_\_ students and \_\_\_\_\_ teachers.

The age range is \_\_\_\_\_ to \_\_\_\_\_.

**Thank you for your time and assistance.**

\_\_\_\_\_  
Your Name (Please Print) Email

\_\_\_\_\_  
School Name School Phone School Fax

\_\_\_\_\_  
School Address City State, Zip

\_\_\_\_\_  
Signature Date