

# RECTORY'S ELEMENTARY SCHOOL

## Confidential Teacher Recommendation Form

Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

I. How long have you known this child? \_\_\_\_\_ years \_\_\_\_\_ months

II. Child's Qualities	Excellent	Good	Average	Needs Development	Comments
Self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Willingness to honor classroom decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participation in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Persistence in completing difficult tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overall academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understanding of mathematical concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phonics comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spelling/writing mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

III. Please list the first adjectives or phrases that come to mind to describe this child.

\_\_\_\_\_  
\_\_\_\_\_

IV. Please comment on this child's academic strengths/challenges, learning styles, and social interactions with other children and adults.

*Please feel free to use the back of this page or attach a sheet for additional comments*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign this form below and return to:** Admissions, Rectory's Elementary School, P.O. Box 68, Pomfret, CT 06258.

Thank you for taking the time and making the effort to complete this recommendation form.

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

*Rectory's Elementary School admits students of any race, religion, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national or ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.*