



## THE INDEPENDENT SCHOOL

### Lower School 2<sup>nd</sup> - 5<sup>th</sup> Grade Applicants Teacher Confidential Recommendation Form

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Name of Applicant: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*The above named student has applied to The Independent School. To help assist our admission process we would appreciate your honest evaluation of this child. Be assured your comments will be held in strict confidence. Thank you for your assistance.*

Describe your relationship to the applicant and how long have you known the applicant (months/years)?

What are the first words that come to your mind when describing this student?

What academic strengths do you admire in this student? Weaknesses?

Does this student have particular needs or learning issues? If so, please identify any learning accommodations that were implemented to assist this student's success.

To your knowledge, are the parents' perception of their child's ability level compatible with the school's understanding?



# THE INDEPENDENT SCHOOL

## Please rate the following Academic Qualities:

Advanced for Age/ Age Appropriate/ Needs Development/ Not at Acceptable Level

					Comments?
Study habits and organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Listens well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motivation and Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works Cooperatively with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Critical and Abstract Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Independent Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Participates in Classroom Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orally Expresses Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expresses Ideas in Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Math Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overall Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Personal Character Traits:

Advanced for Age/ Age Appropriate/ Needs Development/ Not at Acceptable Level

					Comments?
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Honesty and Personal Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reactions to Criticism or Re-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concern/Empathy for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to Relate to Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supportive of Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respects Property of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhibits Courtesy and Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overall Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Comments?

Parents: I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for the application process. I understand that this recommendation will not become part of my child's permanent record and is used solely for the admission process at The Independent School.

Parent of Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_