

# Teacher Recommendation Form: Second Grade – Eighth Grade

Parents: Please deliver this form directly to your child's current classroom teacher.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher Name \_\_\_\_\_ Telephone \_\_\_\_\_

This information is for admissions use only and will not be a part of the student's permanent record.

Please complete the following checklist:

| <b>Behavior</b>                            | <b>Usually</b> | <b>Occasionally</b> | <b>Rarely</b> |
|--|----------------|---------------------|---------------|
| Accepts responsibility for own actions     |                |                     |               |
| Shows respect to others                    |                |                     |               |
| Follows oral/written direction             |                |                     |               |
| Expresses ideas and feelings appropriately |                |                     |               |
| Participates actively in class             |                |                     |               |
| Works well independently                   |                |                     |               |
| Works well in groups                       |                |                     |               |
| Practices self-control                     |                |                     |               |
| Puts forth best effort                     |                |                     |               |
| Comes to class prepared                    |                |                     |               |
| Completes work in a reasonable time        |                |                     |               |
| Has an appropriate attention span          |                |                     |               |

This student's current academic performance in math is:

Advanced \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

Comments:

This student's current academic performance in reading is:

Advanced \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

Comments:

This student's current writing ability is:

Advanced \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

Comments:

1. Please share any particular areas of strength for this student.
2. Please share any particular areas of challenge for this student.
3. Has this family actively participated in the life of the school this year? Have they supported you in the classroom?
4. Please indicate if there are additional comments or concerns you may have about this student.

*Thank you for your cooperation. Please return the completed form to:*

Friends School of Charlotte  
7001 Wallace Road, Suite 400  
Charlotte, N.C. 28212