

Teacher Recommendation: 2nd - 8th Grade



Student's Name: _____

Current School: _____

Applying for Grade: _____

For Office Use:

Date Received: _____

TY: _____

TEACHER RECOMMENDATION FORM (For Students Entering 2nd Grade through 8th Grade)

Instructions for Parent/Guardian: Please fill in the information requested above, sign below, and give this form to your child's current teacher, along with a stamped envelope addressed to: **Director of Admission, Saint Andrew's Episcopal School, 13601 Saratoga Ave., Saratoga, CA 95070.**

I hereby give my child's teacher permission to release the information requested on this form to Saint Andrew's Episcopal School. I understand and agree that I will not have access to the information provided.

Parent/Guardian signature _____

To Current Teacher: The above-named student has applied for admission to Saint Andrew's Episcopal School (SAES) at the grade level indicated. Your knowledge of this student's characteristics will be of great help to us in evaluating this application, particularly with respect to features that may not be apparent from grades and test scores. Please mark the appropriate descriptions of the student's abilities and character and provide any additional information about his/her strengths and weaknesses. The information will be held in strict confidence and used for admissions purposes only. Please mail the completed form directly to SAES at the address listed above. Thank you for your time and assistance.

ACADEMIC EVALUATION

Overall academic achievement: Far below expectations Below expectations As expected

Above expectations Far above expectations

Language arts: Below grade level At grade level Above grade level

Mathematics: Below grade level At grade level Above grade level

Effort/Motivation: Very limited Limited Sporadic Usually good Highly motivated

Study habits: Disorganized or easily distracted Acceptable Well-organized and focused

Group work skills: Great difficulty Occasional difficulty Usually effective Always effective

Independent work habits: Needs substantial help/supervision Needs frequent help/supervision

Needs occasional help/supervision Works well independently

Ability to follow directions: Has great difficulty Needs substantial explanation/help

Needs occasional explanation/help Responds quickly/effectively

Attention span: Easily distracted Occasionally distracted Generally focused Always focused

Self control: Needs frequent reminders Needs occasional reminders Exhibits good self-control

Grades 2-3

Visual perception: Needs development Average Well developed

Fine-motor skills: Need development Average Well developed

Gross-motor skills: Need development Average Well developed

CONFIDENTIAL

PERSONAL EVALUATION

- Maturity:** Very immature for age/grade Somewhat immature for age/grade
 Age/grade appropriate Above average for age/grade Very mature for age/grade
- Self-confidence:** Low (needs substantial reassurance) Moderate (needs some reassurance)
 Has healthy self-image Appears overly confident
- Consideration of others:** Often inconsiderate Usually considerate Extremely thoughtful
- Social interactions with peers:** Relates poorly to peers Has occasional minor problems with peers
 Healthy relationships with peers Extremely popular
- Class conduct:** Causes frequent disruptions Occasional misconduct Usually good Very good
- Parent support:** Overly protective Cooperative/appropriately supportive Indifferent
- Attendance:** Frequently absent Occasionally absent Rarely absent Excellent attendance

Student's strengths: _____

Student's weaknesses/areas of growth: _____

Achievement tests: Type _____ Date _____ Score _____

Other assessment tests: _____

Does this child receive any special services or additional tutoring? yes no If yes, please explain: _____

Are you aware of any medical problems or if the student is on any routine medications? _____

Is candidate in good standing and eligible to remain at your school next year? yes no

What is the recommended grade level for the coming year? _____

What is your overall recommendation to SAES for the admission of this child?

- Recommend highly Recommend Recommend with reservation (please explain below)
 Do not recommend Prefer not to make a recommendation

Please provide any additional information relevant to your evaluation or recommendation: _____

Evaluation completed by:

Name _____ Date _____ Phone _____

School _____ Grade or subject taught _____

Thank you for your assistance. If you have any questions, please contact Lani Mah, Director of Admission, at (408) 867-3785
or lmah@st-andrews.org. Please mail this form directly to the Admission Office at Saint Andrew's.
13601 Saratoga Avenue, Saratoga, CA 95070 Phone: 408.867.3785 Fax: 408.741.1852