



APPLYING FOR:	
<input type="checkbox"/>	Kindergarten
<input type="checkbox"/>	Grade 1

Teacher Recommendation Form

All information provided on this form will be held in the strictest confidence and will not be shared, directly or indirectly, with the student, parents or guardians.

Name of Student: _____

Current School: _____ Present Grade Level: _____

TEACHER: This student's application cannot be processed until this form is received by the Admissions Office.

The child's attendance is: Regular Not Regular

The first words that come to mind when I think of this student are: _____

	SUPERIOR	GOOD	AVERAGE	BELOW AVERAGE	N/A
Personal/Social Development					
Respects/cooperates with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works successfully with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes part in play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study and Work Habits					
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to/follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates appropriate attention span for age level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes need to finish assigned task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational and time management skills	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Physical Development					
Small motor coordination (e.g. cutting, drawing, block building, handling of manipulative equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large motor coordination (e.g. running, skipping, climbing, jumping, kicking, throwing a ball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the student's ability with words: _____

Describe the student's ability with numbers: _____

Has this child been in a resource room or special education for instruction? Yes No

If yes, which subjects? _____

To your knowledge, has this child been tutored? Yes No

If available, please give the name of the tutor and the subject areas in which child has been tutored. _____

Are there any learning issues that a school should be aware of? _____

Comments regarding the student's strengths, weaknesses, special needs, social & emotional development: _____

Comments regarding the student's behavior: _____

How long have you known the applicant? _____

How supportive are the student's parents of school policies, procedures, programs, events? (Please describe)

Select One: Highly Recommend Recommend Recommend with Reservation Do Not Recommend

If the answer is "Do Not Recommend" or "Recommend with Reservation", please explain: _____

Teacher's Name: _____ Phone: _____

School: _____ Email: _____

Address: _____

Signature: _____ Date: _____

Thank you!

Please mail or FAX to:

The Girls' School of Austin

2007 McCall Road ★ Austin, TX 78703

Office: 512-478-7827 ★ www.thegirlsschool.org ★ FAX: 512-478-5456