



## Current Teacher Recommendation Form

Applicant Name \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

### PARENT WAIVER

**Dear Parent/Guardian:** Please write your child's name in the space above and read and sign the following before giving this referral form to your child's current school along with a stamped enveloped addressed to Grace Lutheran School.

*As the parent/guardian of the person named above, I waive my right to access concerning this teacher recommendation. I understand I will never see this confidential teacher recommendation.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Dear Educator:** Please fill out the form below. This recommendation will remain confidential and will not become part of the student's permanent record. Please be sure the parent has signed above. Mail the form directly back to Grace Lutheran School using the attached envelope. *The student's application cannot be accepted without the receipt of this form.* I sincerely appreciate your cooperation and candor.

Jim Scriven, Principal

How long have you known this student, and in what context?

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

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### Academic Qualities

Characteristics	Below Average	Average	Good	Excellent (top 10%)	One of the top few encountered in my career
Motivation					
Attention span					
Ability to work independently					
Productive class discussion					
Intellectual curiosity					
Critical & abstract thinking skills					
Academic achievement					
Quality of writing					
Disciplined work habits					
Study habits (3 <sup>rd</sup> Grade on up)					

Please compare this student's academic achievement to his/her ability.

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Comment on this student's reading and writing skills.

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Please describe this person in math. *(Consider understanding and retention of concepts, computation, drawing generalizations, applying basic principles to word problems, etc.)*

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Have absences affected the student's classroom performance in any significant way?

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### Personal Qualities

Characteristics	Below Average	Average	Good	Excellent (top 10%)	One of the top few encountered in my career
Creativity					
Self-confidence					
Reaction to criticism					
Reaction to setbacks					
Concern for others					
Personal conduct					
Personal integrity					
Ability to act independently					
Ability to work cooperatively					
Sense of humor					
Maturity					
Self-control					

I recommend this student:    \_\_\_ with enthusiasm            \_\_\_ with confidence  
   \_\_\_ with reservation            \_\_\_ I do not recommend

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ School Phone: \_\_\_\_\_

School address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_