



**CONFIDENTIAL RECOMMENDATION
KINDERGARTER TO FIFTH GRADE - CURRENT CLASSROOM TEACHER**

THIS FORM REPLICATES THE RECOMMENDATION FORMAT UTILIZED BY MEMBER SCHOOLS OF THE ASSOCIATION OF COLORADO INDEPENDENT SCHOOLS (ACIS).

To Be Filled Out By Parent/Guardian – ONCE COMPLETED, TEACHERS MAY RETURN THIS FORM VIA MAIL, EMAIL OR FAX.

APPLICANT NAME _____ GRADE APPLYING TO: _____

NAME OF CURRENT SCHOOL _____

AUTHORIZATION TO RELEASE SCHOOL RECORDS

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years, as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report. I further hereby release the above school from all liability pertaining to the disclosure of this information.

PARENT/GUARDIAN SIGNATURE

DATE

To Be Filled Out By Teacher - PLEASE PROVIDE YOUR ASSESSMENT OF THE STUDENT IN THE FOLLOWING AREAS:

Social/Emotional Development	NOT APPLICABLE	AREA OF CONCERN	PROGRESSING	AGE APPROPRIATE	AREA OF STRENGTH
Separates easily from parents/guardians					
Transitions easily					
Can follow multi-step directions					
Cooperative in work/play					
Demonstrates self-control					
Seeks help when needed					
Self-confidence					
Relates well with adults					
Relates well with peers					
Respects rules and boundaries					
Responds well to help and/or to correction					
Participates in class					
Resolves conflicts with words					

Work/Study Habits	NOT APPLICABLE	AREA OF CONCERN	PROGRESSING	AGE APPROPRIATE	AREA OF STRENGTH
Is attentive					
Listens effectively in a group					
Contributes to discussions					
Follow directions					
Uses independent time well					
Can focus on one task					
Completes tasks					
Shows ability to organize					
Self-starter					
Enjoys new challenges					
Maintains personal belongings					

Motor Skills	NOT APPLICABLE	AREA OF CONCERN	PROGRESSING	AGE APPROPRIATE	AREA OF STRENGTH
Gross motor skills					
Fine motor skills					

Parent/Guardian Support	NOT APPLICABLE	AREA OF CONCERN	PROGRESSING	AGE APPROPRIATE	AREA OF STRENGTH
Reliability of attendance					
Promptness in arriving at school					
Supports school's policies and goals					
Works cooperatively with teacher					
Supports student academically					

(OVER)

Confidential Recommendation – Current Classroom Teacher

STANLEY BRITISH PRIMARY SCHOOL ~ 350 QUEBEC STREET ~ DENVER, CO ~ 80230

ADMISSION@STANLEYBPS.ORG ~ 303-261-1792 ~ FAX 303-360-0353

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Math and Language Skills

Please summarize math skills:

Please summarize language skills:

Areas of Concern

Please list any area of concern and whether or not, to your knowledge, this applicant has ever been evaluated or provided special consideration for emotional or academic reasons.

Additional Comments

Is there any additional information that can be better conveyed in a telephone conversation? Yes No

If necessary, please list the best telephone number and times to reach you: _____

TEACHER RECOMMENDATION	NOT AT ALL	WITH RESERVATION	MILDLY	WITH CONFIDENCE	ENTHUSIASTICALLY
Academic Ability and Promise					
Character and Personal Promise					
Overall					

TEACHER INFORMATION AND SIGNATURE

NAME: _____ POSITION: _____

SCHOOL: _____ SCHOOL PHONE #: _____

SCHOOL ADDRESS: _____

SIGNATURE: _____ DATE: _____

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