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 Attn: Sherry Johnson

# TEACHER RECOMMENDATION FORM

UPON COMPLETION OF THIS FORM, THE TEACHER SHOULD  
 FAX OR MAIL THE FORM TO THE ADDRESS LISTED TO THE  
 LEFT. OUR THANKS TO THE TEACHERS WHO ARE TAKING  
 THE TIME OUT OF THEIR BUSY SCHEDULES TO COMPLETE  
 THIS.

FOR OFFICE USE ONLY:
DATE PACKET RELEASED:
DATE RECOMMENDATION RETURNED:
COMMENTS:

Name of Student:

\_\_\_\_\_

First

Last

Candidate  
for Grade:

\_\_\_\_\_

## PARENT or GUARDIAN

Please write your child's name in the space above and read and sign the following before giving this to your child's teacher.

- Grades K-5 ... Language Arts OR Math Teacher
- Grades 6-12 ... English, Math, Other (We prefer 2 to 3 teachers.)

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of students and will not become part of the student's permanent file. I also agree that this completed form will not be available to students, parents, or anyone outside the Academic Review Committee, and I waive any right I may have to see it.

Signature of Parent or Guardian

Date

## TEACHER

Please complete all of this form and return it in the enclosed envelope. We realize your busy schedule and appreciate your help in returning this completed form within 2 weeks of the date you receive it.

As a current teacher, please evaluate the student based on your direct knowledge of him or her. Keep in mind that the student should be evaluated according to others of the same chronological age. The members of the Academic Review Committee thank you for your interest, cooperation, and honesty. Your comments will be held in strict confidence. Please check the appropriate boxes and include comments. *The student's application cannot be processed until this form is received in the Admissions Office.*

Additional information which does not appear on entrance tests or school records is helpful in enabling us to evaluate this student. Your input about the student's needs and abilities increases our ability to determine our program's appropriateness for the student. Since we treat this information as confidential, **please mail or fax this form DIRECTLY to the school.**

Teacher Name (Printed)

Grade and/or Subject Area

### Academic Skills

	Usually	Frequently	Sometimes	Seldom
1. Listens to and follows teacher's directions				
2. Is attentive to group discussions / activities				
3. Contributes appropriately to group discussions / activities				
4. Demonstrates ability to work independently				
5. Perseveres in spite of difficulty				
6. Works cooperatively				
7. Enjoys new challenges				
8. Demonstrates good visual perception				
9. Demonstrates good auditory memory				
10. Exhibits problem solving abilities				
11. Expresses ideas clearly				
12. Moves easily from one activity to another				

13. Demonstrates appropriate energy level				
14. Demonstrates ability to stay on task				
15. Is self-motivated				

**Social Skills**

	Usually	Frequently	Sometimes	Seldom
1. Responds positively to constructive criticism				
2. Establishes friendships easily				
3. Is comfortable in a group				
4. Shares well				
5. Is considerate of others				
6. Demonstrates self-control				
7. Communicates needs effectively				
8. Takes responsibility for belongings				
9. Is cooperative				
10. Demonstrates appropriate behavior				
11. Exhibits emotional maturity				

**Physical Development**

	Excellent	Good	Needs Improvement
1. Gross motor coordination			
2. Speech / Articulation			
3. Fine motor coordination			
4. General health			

**Circle the words that best describe this applicant:**

- |                |              |             |                    |                  |
|----------------|--------------|-------------|--------------------|------------------|
| Aggressive     | Honest       | Immature    | Disobedient        | Self-disciplined |
| Mature         | Oppositional | Vivacious   | Manipulative       | Conscientious    |
| Over-protected | Social       | Cheerful    | Self-centered      | Follower         |
| Shy            | Confident    | Irritable   | Easily discouraged | Perfectionist    |
| Helpful        | Witty        | Responsible | Motivated          | Positive leader  |
| Anxious        | Articulate   | Well-liked  | Organized          | Negative leader  |

Is the student habitually tardy or absent?  Yes  No  
 If yes, please elaborate: \_\_\_\_\_

Has the student had any disciplinary problems in the past year?  Yes  No  
 If yes, please elaborate: \_\_\_\_\_

===== **Recommendation** =====

HIGHLY RECOMMEND  
 RECOMMEND  
 RECOMMEND WITH RESERVATIONS BECAUSE \_\_\_\_\_

NOT RECOMMENDED BECAUSE \_\_\_\_\_

Are parents supportive of school policies?  Yes  No  
 Are parents responsive to school suggestions?  Yes  No  
 How long have you known this student? \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ School: \_\_\_\_\_  
 School Address & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_