

CONFIDENTIAL TEACHER RECOMMENDATION

CRANE SCHOOL

LAGUNA BLANCA SCHOOL

MARYMOUNT OF SANTA BARBARA

SANTA BARBARA MIDDLE SCHOOL

Applicant's name: _____ Candidate for _____ grade in September _____

I waive my right of access and that of my child to this recommendation form. _____

Parent signature

To the teacher: This recommendation will remain confidential and will not become part of the student's permanent record. **Your input is a vital part of our process. Please complete this form carefully and thoroughly.** The above schools often share applicants. In order to make the recommendation process easier for you, this form will be accepted by all four schools. **Please photocopy this completed recommendation form to use in the event that the student has applied to more than one of these schools.**

How long have you known the student? _____

In what grade(s) and subject(s) have you taught him/her? _____

If you had to indicate the outstanding attributes of this student in a few words, what would they be? _____

ACADEMIC QUALITIES

No Basis for Judgment

Poor

Below Average

Average

Good

Outstanding

	Academic potential					
	Academic achievement					
	Effort					
	Study habits					
	Ability to work in a group					
	Ability to work independently					
	Class participation					
	Homework preparation					
	Intellectual curiosity					
	Use of time					
	Willingness to ask for help					
	Ability to follow directions					
	Attention span					

ENGLISH SKILLS

	Reading skill and interest					
	Written expression					
	Oral expression					

MATH SKILLS

	Computation accuracy					
	Conceptual understanding					

Please complete reverse side

PERSONAL QUALITIES

No Basis for Judgment

Poor

Below Average

Average

Good

Outstanding

	No Basis for Judgment	Poor	Below Average	Average	Good	Outstanding
	Integrity					
	Respect for others					
	Social adjustment with peers					
	Responsibility					
	Conduct					
	Maturity					
	Sense of humor					
	Emotional stability					
	Self-confidence					
	Attendance					
	Punctuality					

Please list any strengths/weaknesses or problems of which we should be aware. List any special or unusual circumstances (positive or negative) which may be relevant to the student's performance in school.

FAMILY INFORMATION

Parents are an important part of our relationship with a student. Please share with us any thoughts you have regarding this family.

Communication with school:

- Rarely Sometimes Usually Always

Cooperation with faculty/administration:

- Rarely Sometimes Usually Always

Participation in school community:

- Never Seldom When given opportunity Very helpful

Participation in child's education:

- Rarely involved Sometimes involved Appropriately involved Overly involved

To your knowledge, are the parents' perceptions/expectations of their child consistent with the school's understanding of the child?

Are you aware of any family circumstances that affect the student's life at home?

What kind of support might the student need from our school to reach his/her potential?

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

I recommend this student:

- Enthusiastically Confidently With reservation Do not recommend

TEACHER INFORMATION

Name of person completing this form (please print) _____

School name _____ Phone number _____

Signature

Position

Date

We sincerely appreciate your cooperation and candor. To ensure your confidentiality, please return this form directly to our school.