

TEACHER'S RECOMMENDATION FORM

FOURTH GRADE – EIGHTH GRADE

Parents: Please complete this form and send it directly to the applicant's present school.

Student's Name _____ Grade Applying for _____

This information is for admission use only and will not be included as a part of the student's permanent record. Thank you for your cooperation.

<p>A. Attention to Task</p> <ul style="list-style-type: none"> <input type="checkbox"/> Focuses and maintains attention over time <input type="checkbox"/> Attends with occasional teacher redirection <input type="checkbox"/> Easily distracted by noise or movement of others and requires frequent teacher redirection 	<p>G. Transitions between Classes/Activities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moves seamlessly between classes and activities <input type="checkbox"/> Transitions are longer than necessary and may require some direction <input type="checkbox"/> Transitions are generally difficult and distracting
<p>B. Task Persistence</p> <ul style="list-style-type: none"> <input type="checkbox"/> Persists and completes tasks independently <input type="checkbox"/> Attempts tasks with some encouragement <input type="checkbox"/> Attempts tasks after much encouragement <input type="checkbox"/> Refuses to attempt/complete some tasks 	<p>H. Homework and Assignments</p> <ul style="list-style-type: none"> <input type="checkbox"/> Homework and assignments are consistently turned in on time <input type="checkbox"/> Homework and assignments are turned in – but are often late <input type="checkbox"/> The student has occasionally missed turning in a homework assignment <input type="checkbox"/> The student has many missing assignments
<p>C. Degree of Independence</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able to work on most tasks independently <input type="checkbox"/> Requires occasional assistance to complete tasks <input type="checkbox"/> Requires frequent assistance to complete tasks <input type="checkbox"/> Needs constant supervision/guidance to complete tasks 	<p>I. Organization</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student consistently has required supplies, books, resources, etc. at the ready <input type="checkbox"/> Student occasionally forgets books and/or supplies <input type="checkbox"/> Student rarely has items necessary for effective learning to take place
<p>D. Attention to Directions in Teacher-Directed Activities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Listens carefully to entire directions <input type="checkbox"/> Attends only to brief directions <input type="checkbox"/> Plunges ahead after hearing only a portion of directions 	<p>J. Takes Responsibility for Learning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consistently seeks understanding from teachers/peers/resources when unsure <input type="checkbox"/> Occasionally seeks support when unsure <input type="checkbox"/> Rarely seeks support from others and resources when unclear
<p>E. Comprehension of Directions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rapid comprehension of most directions <input type="checkbox"/> Understands after several repetitions <input type="checkbox"/> Does not appear to comprehend most directions 	<p>K. Peer Relationships</p> <ul style="list-style-type: none"> <input type="checkbox"/> Works and/or plays well with others <input type="checkbox"/> Friendly, but reserved <input type="checkbox"/> Has difficulty interacting with peers
<p>F. Expression of Ideas</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communicates ideas clearly <input type="checkbox"/> Has some difficulty expressing ideas <input type="checkbox"/> Verbal skills are poor and ineffective 	<p>L. Confidence</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very sure of self <input type="checkbox"/> Confident with things known; attempts new things with encouragement <input type="checkbox"/> Reluctant to try new or difficult things

{over}

5. Are there any other comments or concerns you would like to share with us about this student?

Teacher Name _____ Date _____

Name (printed) _____ Telephone _____

School Name _____

Address _____

Thank you for your time. Please send this completed form to:

Admission Office
Trinity Episcopal School
750 E. 9th Street
Charlotte, NC 28202-3102
Telephone 704. 358. 8101
Facsimile 704. 358. 9908

This form has been developed and approved for use by the following schools. Please complete and mail a copy of this to the School circled below:

Admission Office of:
Trinity Episcopal School
750 E. 9th Street
Charlotte, NC 28202-3102
704. 358. 8101

Charlotte Christian School
7301 Sardis Road
Charlotte, NC 28270
704. 366. 5657

Charlotte Country Day School
1440 Carmel Road
Charlotte, NC 28226
704. 943. 4530

Charlotte Latin School
9502 Providence Road
Charlotte, NC 28277
704. 846. 7207

Providence Day School
5800 Sardis Road
Charlotte, NC 28270
704. 887. 7040