



Confidential Elementary Teacher Recommendation Form

Grades 2 - 7

Student Name: _____ Applying for Grade _____

Current School: _____

I hereby authorize the above-named person to provide an evaluation and all relevant information to Little Flower School for purposes of my or my child's application to attend the school. I understand that the information furnished by the reference named below is confidential and will become the property of Little Flower School. Furthermore, I waive all rights to examine the responses given.

Signature of Parent or Guardian _____

Teachers - Thank you for your time and care in completing this recommendation. Your observations are held in complete confidence and will not become a part of the student's permanent record. We appreciate your candid assessment of the applicant's abilities. Please return the completed form **directly to Little Flower School** (5601 Massachusetts Ave, Bethesda, MD 20816) by mail or by email (admissions@lfschool.org) by **February 1st**.

CHARACTER AND PERSONALITY TRAITS	Advanced for age	Age Appropriate	Needs development	Area of Concern	Comments
Conduct					
Sense of responsibility					
Creativity					
Leadership					
Respect for others					
Integrity					
Emotional maturity/stability					
Self-confidence					
Social relationship with peers					
Ability to resolve conflicts					
Interaction with teachers/adults					
Ability to use criticism for growth					
ACADEMIC TRAITS					
Academic potential					
Academic achievement					
Self-motivation					
Effort/initiative					
Intellectual curiosity					
Attention span					
Participation in class					
Pattern of completing work on time					
Commitment to homework					
Overall work ethic					

Cont'd	Advanced for age	Appropriate for age	Needs development	Area of Concern	Comments
Ability to follow directions					
Ability to work independently					
Ability to work with others					
Ability to express ideas orally					
Reading skills					
Writing skills					
Math skills					

Prediction of applicant's success at next grade level at present speed Excellent Good Average Below Average

Would you recommend this student for an advanced math or reading class? Yes No

Has outside help been recommended? Yes No Has outside help been given? Yes No

Please identify any special assistance, testing accommodations or modifications that have been provided for the student to meet your social/academic requirements of your program:

Describe the areas (academic or personal) most needing support or supervision:

Is applicant habitually tardy or absent? Yes No *If yes, please elaborate:*

Comments: Please feel free to attach information providing additional observations concerning this student's abilities and personal qualities. We would appreciate any information you think might be helpful in our understanding of this student.

Person Submitting Recommendation Name: (please print) _____
 Position: _____ School Name: _____
 When did you teach this student? _____
 Email address: _____ Phone: _____
 Is there additional information that can be better conveyed in a personal conversation? Yes No