



Name of Applicant: _____

Applying for Grade: _____

Name of school completing recommendation: _____

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.

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

Parent Signature: _____

Date: _____

Teacher - Please complete this confidential 2-page form and email it to admissions@thevillageschool.com.

This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files to send to additional schools. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office.

Academic Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Listens to and follows teacher's directions						
Is attentive to group discussions /activities						
Contributes appropriately to group discussions/activities						
Demonstrates ability to work independently						
Perseveres in spite of difficulty						
Works cooperatively						
Displays willingness to take risks						
Demonstrates appropriate energy level						
Demonstrates ability to stay on task						
Exhibits appropriate work ethic						
Completes assignments on time						
Critical thinking skills						

Social Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Responds positively to constructive criticism						
Establishes friendships easily						
Is comfortable in a group						
Is respectful of faculty						
Is respected by peers						
Demonstrates self-control						
Takes responsibility for belongings						
Is cooperative						
Demonstrates appropriate behavior						
Exhibits emotional maturity						
Demonstrates appropriate energy level						
Takes pride in appearance						
Is respectful to peers						
Demonstrates ability to resolve conflicts						



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Communication Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Computation skills						
Problem-solving skills						
Mathematical reasoning						
Mathematical applications						
Embraces challenges						

Check/
Circle the words that best describe this applicant:

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

Please describe the student's academic/social strengths, assets and gifts: _____

Please describe the student's academic/social challenge and areas of support: _____

Please add any additional information that would provide a more complete picture of the student and family:

Applicant is habitually tardy or late: Yes No If yes, please explain: _____

Applicant is:

Highly Recommended (Top 5%) Strongly Recommended Recommended Recommended with Reservation Not Recommended

If you checked "Recommended with Reservation" or "Not Recommended," please explain: _____

I would: like to be willing to discuss this applicant by telephone.

Teacher Verification

Teacher Signature:	Date:
Print Name:	Course name:
Teacher Email:	School Address:
Home Phone:	Telephone:

Director/Principal Verification

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				
Signature of Director or Principal:			Date:	