



2nd-5th Grade Applicants
Teacher Recommendation Form

Applicant Name: _____ Grade Apply: _____ School Year Apply: 20_____

To the Classroom Teacher:

Thank you for taking the time to complete this form. It provides one way to help determine the applicant's readiness for the program at The Wheeler School, and it is reviewed with full awareness that young children are constantly changing and developing. Rest assured that your answers will be kept in the strictest confidence.

The Admission Committee

Section 1: Social/Emotional Development

	Area of Strength	Age Appropriate	Progressing Toward Age Appropriate	Possible Area of Concern	Comments
Sense of integrity and responsibility					
Consideration for others					
Relationships with peers					
Leadership ability					
Emotional maturity					
Self-confidence					
Sense of humor					
Demonstrates flexibility in problem solving					

Section 2: Cognitive Development

	Area of Strength	Age Appropriate	Progressing Toward Age Appropriate	Possible Area of Concern	Comments
Listens attentively					
Follows directions					
Organizes self and materials					
Contributes to group discussions					
Works well independently					
Works well in groups					
Demonstrates persistence in learning					
Demonstrates the ability to focus on one task					
Demonstrates curiosity					
Willingly tries new activities and challenges					
Demonstrates problem-solving skills					
Understands abstract concepts					
Demonstrates creativity					
Responds positively to teacher re-direction and limit-setting					
Completes homework on time					
Moves easily from one activity to another					

Section 3: Mathematics

	Area of Strength	Age Appropriate	Progressing Toward Age Appropriate	Possible Area of Concern	Comments
Demonstrates problem-solving skills					
Recognizes patterns in numbers					
Understands place value					
Understands operations with fractions and decimals					
Computation skills					
Spatial problem-solving skills					

Section 4: Literacy

	Area of Strength	Age Appropriate	Progressing Toward Age Appropriate	Possible Area of Concern	Comments
Reading comprehension					
Decoding accuracy and speed					
Recall of facts and details					
Vocabulary					
Grammar					
Spelling					
Writing					
Handwriting					

Section 5: Parent and Family Information

Has/have the parent/guardian(s) of this child been:

	Consistently	Usually	Sometimes	Rarely	Comments
Supportive of the child's school experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					

Section 6: Closing

1. How long have you known the applicant? _____

2. Is this applicant generally on time for school? **Yes** or **No**
 - a. Comments: _____

3. Does the applicant generally come to school every day? **Yes** or **No**
 - a. Comments: _____

4. What three words would you use to describe the applicant? _____

Please comment on the candidate's ability to meet the expectations of your program. Have you adjusted your program to accommodate the needs or abilities of this child?

Please feel free to share any other information that you think would be helpful.

Your Name: _____ Date _____

Your Email: _____

School Name: _____