

TEACHER RECOMMENDATION

**To be completed by applicant:**

Please deliver this form to your current teacher along with an addressed, stamped envelope to be mailed to:

McGinnis Woods Country Day School Admissions  
5368 McGinnis Ferry Road  
Alpharetta, GA 30005  
Phone: 770-664-7764  
Fax: 770-664-6672

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current grade \_\_\_\_\_

Parental Consent is granted to complete this form and send to McGinnis Woods as soon as possible as indicated by the signature below.

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by teacher:**

*Thank you for your assessment of this child. We appreciate your accurate and fair evaluation. It will be kept in confidence. Please attach latest report card.*

1. How long have you known this student? \_\_\_\_\_

2. Has the student had any serious behavior or academic problems? \_\_\_\_ Yes \_\_\_\_ No  
Please explain if yes.

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3. What are the student's academic strengths? \_\_\_\_\_

4. What are the student's academic weaknesses? \_\_\_\_\_

5. Has this student had any need for special instruction? \_\_\_\_\_

6. Is the applicant eligible for re-admission to your school? \_\_\_\_ Yes \_\_\_\_ No

Please check the most appropriate assessment

O = Outstanding    E= Excellent    Avg = Average    Below Average

	O	E	Avg	Below Avg	Below Average: Please comment
Attitude toward school					
Concern / respect for others					
Effort					
Emotional maturity					
Fine motor skills					
Follows directions					
Gross motor skills					
Leadership					
Listening					
Motivation					
Personal appearance					
Play behavior					
Potential for learning					
Reaction to setbacks					
Respect for authority					
Responsibility					
Self-confidence					
Self-control					
Self-help / Independence					
Works well in groups					
Parental involvement / support <i>(please comment)</i>					

I recommend this applicant for admission \_\_\_\_ strongly    \_\_\_\_ moderately    \_\_\_\_ with reservation.    \_\_\_\_ I do not recommend this applicant for admission.

Any additional comments \_\_\_\_\_

May we contact you if clarification is necessary?    \_\_\_\_ Yes    \_\_\_\_ No    \_\_\_\_\_  
Phone number

Signature of person completing assessment \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your time!*