

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
5380 Faircroft Drive
Alpharetta, GA 30005
Phone: 770-664-7764
Fax: 770-664-6670

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.

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

If yes, please explain:

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?

Please check the most appropriate assessment

O = Outstanding

E = Excellent

Avg = Average

	O	E	Avg	Below Avg	Below average: Please comment
Attitude towards school					
Concern/Respect for others					
Effort					
Emotional maturity					
Fine motor skills					
Follows Directions					
Gross motor skills					
Leadership					
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 (please comment)					

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

 Email Address

 Signature of person completing assessment

 Date

Thank you for your time!