

TEACHER RECOMMENDATION FORM

Parents,

Please fill out the top of this form and give to your child's teacher, along with a stamped envelope addressed to: Greene Street Friends School, 5511 Greene Street, Philadelphia, PA 19144.

I/we give permission for the evaluator to release the information on this form to Greene Street Friends School. I/we understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

child's permanent record.		
Parent I/Guardian I Signature:	Date:	
Parent II/Guardian II Signature:	Date:	
Student's Name:	Grade Applying For:	
Teacher: Please complete both sides of this form to School as soon as possible. Your responses are conf		Friends
APPROACH TO LEARNING — Please describe th	is student's:	
1. Willingness to try new activities		
2. Ability to focus on and complete a task		
3. Ability to work in groups		
4. Ability to work independently		

PERSONAL SKILLS – Please describe this student's:

Signature		Date
School Phone	Email	
School Address		
Teacher's Name	School Name	
May we contact you for further information?		
3. Please describe this family's contributions to the sc	hool community.	
2. Please describe this student's greatest area of acac	demic or personal challenge	e
ADDITIONAL COMMENTS 1. Please describe this student's greatest area of acad	demic or personal strength	
4. Ability to accept criticism		
3. Ability to develop friendships		
2. Ability to resolve conflicts peacefully		
1. Attitude toward self		