

Teacher Recommendation

Confidential

Please Return by January 19, 2016



Oregon Episcopal School

Parent or Guardian

Name of Student: _____ Applying to Grade: _____

Please read the following before giving this form to your child's teacher.

I understand that the information furnished by the reference named below is confidential and will become the property of Oregon Episcopal School. This recommendation will not become part of the student's educational record.

Teacher

Thank you for your time and care in completing this recommendation for the student named above. We value your responses and will keep your input **confidential**. Student files are not considered complete without this recommendation.

Return completed form directly to OES by **January 19, 2016**. Forms can be emailed to apply@oes.edu, faxed to 503-768-3140, or mailed to OES Admissions, 6300 SW Nicol Road, Portland, OR 97223.

I have known the applicant for _____ years, _____ months. This class has _____ students and _____ teachers.

Are you the child's current classroom teacher? Yes No. If no, explain relationship: _____

This student's greatest strengths, gifts, and affinities are: _____

Describe any academic, social, or behavioral concerns for this student. _____

How have you adjusted your program to accommodate the needs or abilities of this student? Please list any special services/tutoring (s)he may receive. _____

Is this child generally on time for school? Yes No Attendance pattern: _____

Is there additional information about this student or family that you feel deserves consideration by the Admissions Committee? _____

Are the parents of this student:	Consistently	Usually	Occasionally	Seldom	Comments
Supportive of the child's experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?					

Grades 2 - 5 Teacher Recommendation for (student name): _____

Compared to all the students this age whom you have taught, please rate this student in the following areas:

Academic

Excellent Good Average Poor

Overall potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mathematical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Handwriting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Willingness to take risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stamina/energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to organize self/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Character

Integrity/responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consideration for peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interaction with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reaction to set-backs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Creativity/imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Peer compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Overall, do you recommend this student? Highly recommend Recommend With reservation Do not recommend

If this answer is "With reservation" or "Do not recommend," please explain: _____

Thank you for your time and assistance. Please note this form is not complete until signed below.

_____ Your Name (please print)	_____ School Name
_____ Email	_____ Phone Number
_____ Signature	_____ Date