ABERCROMBIE
A C A D E M Y

Confidential Teacher Recommendation Form   Required for grades 1—5

Name of student _____ Entering Grade _____

Parent or Guardian

Please print your child's name and grade above and carefully read and sign this form before giving it to your child's teacher. I understand that the information provided by the reference named below is confidential and will become the property of Abercrombie Academy. I waive all rights to examine the responses given.   _____

                                                                    Signature of Parent or Guardian

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Teacher

Thank you for your time and consideration in completing this recommendation for the above-named student. Your observations will be held in complete confidence. Please complete this form, including comments, and return it directly to Abercrombie Academy (see address/fax information below). Student admission decisions cannot be made until student files are complete.

Academic Performance and Work Habits	Superior	Good	Average	Below Average	Poor
Reading skills					
Writing Skills					
Prediction of success for next grade level					
Ability to work independently					
Ability to work with others					
Completes work in a timely manner					
Attention span					
Organizes/cares for materials and property					
Work ethic					
Self-motivation					

Abercrombie Academy Elementary

17102 Theiss Mail Route Road, Spring, TX 77379

281-374-1730 x1 (phone)   ●   info@abercrombieacademy.com   ●   281-257-2207 (fax)

Student Information	Yes	No	Explain
Has outside help/tutoring been recommended?			
Has outside help/tutoring been given?			
Does this student have learning differences?			
Is diagnostic testing on file?			
Has this student had counseling intervention?			
Is this student habitually tardy or absent?			
Are parents supportive of school policies?			
Are parents responsive to school suggestions?			

Please describe any special accommodations or modifications that have been provided for this student:

_____
_____
_____
_____

Please describe parental expectations, support, and attitude concerning this child:

_____
_____
_____
_____

Please check one:	☐ Highly Recommend	☐ Recommend	☐ Recommend with reservation	☐ Do not recommend
If the answer is "Recommend with reservation" or "Do not recommend", please explain:				

If you have any additional information that would be helpful in evaluating this student's application, please comment here:

_____
_____
_____
_____

Teacher Name: _____ Known student # of years: _____

Subjects taught to this student: _____

Teacher signature: _____ Date: _____

Phone or email: _____ Best time to reach you: _____