



SYCAMORE COMMUNITY SCHOOL

Rooted in Academic Excellence and Personal Growth

2nd-8th Grade Teacher Recommendation Form

Applicant Name _____ Applicant Current Grade _____

Teacher Name _____ School Name _____

How long have you known this applicant? _____

What are the first words that come to your mind to describe the applicant?

Please rank the following with the scale listed below:

	Outstanding	Exceeds Expectations	Meets Expectations	Needs Improvement	Below Expectation
Listening Skills					
Effort					
Drive for Learning					
Study Habits					
Intellectual Curiosity					
Ability to Work Alone					
Participates in Discussions					
Ability to Write					

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	Outstanding	Exceeds Expectations	Meets Expectations	Needs Improvement	Below Expectation
Ability to Express Ideas Orally					
Follows Directions					
Uses Suggestions and Corrections					
Seeks Help when Needed					
Attention Span					
Creative and Original Thinking					
Overall Academic Achievement					

Please rank the following with the scale listed below:

	Outstanding	Exceeds Expectations	Meets Expectations	Needs Improvement	Below Expectation
Maturity					
Consideration of Others					
Social Adjustment with Peers					
Sense of Humor					
Behavior					
Participation in Social Activities					

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To your knowledge, has this student ever been referred to or received services from any of the following?
(please check all that apply)

- Speech and Language Pathologist
- Educational Therapy
- Physical Therapy
- Occupational Therapy
- Psychotherapy/Work with and Educational Psychologist
- None

Please describe the applicant's academic strengths

Please describe the applicant's academic challenges

How would rate the applicant's ability in each area listed below

	Exceptional	Above Grade Level	On Grade Level	Below Grade Level
Writing Ability				
Reading Comprehension				
Math Strength				

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Is the parent's perception of this student compatible with the school's understanding of this student?

- Yes
- No
- Other: _____

How would you describe the parent's participation in the life of the school?

- Very Involved
- Somewhat Involved
- Not Involved
- Other: _____

Do the student's parents support the school's mission/policies in an appropriate and meaningful way?

- Often
- Sometimes
- Rarely

Comments or other information you believe might be helpful?

Teacher Signature: _____ Date: _____