



SYCAMORE COMMUNITY SCHOOL

Rooted in Academic Excellence and Personal Growth

2nd-8th Grade Administrator Recommendation Form

Applicant Name _____ Applicant Current Grade _____

Administrators 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
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

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

Do the parents meet the financial obligation of the school?

- Yes
- No
- Not Applicable
- Other: _____

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Comments and or other information you believe would be helpful in considering this student and family for admission to Sycamore Community School:

Administrator Signature: _____ Date: _____