

Teacher Recommendation for Elementary Students - Confidential

Covenant Life School 7503 Muncaster Mill Rd, Gaithersburg MD 20877 301.869.4500, admissions@clsemail.org, 301.948.4920 (fax)

In order to complete the application process, the parent must sign the waiver below and forward it to the applicant’s current or most recent teacher. The teacher should complete the form and mail, email or fax it directly to Covenant Life School.

Name of Applicant: _____ Applying for Grade: _____

Waiver: I agree to waive my right of access to information provided to Covenant Life School by the teacher who completes this form.

Signature of Parent/Guardian: _____ Date: _____

Dear Teacher, this student is applying for admission at Covenant Life School, a K-12 school that holds accreditation with the Middle States Association of Colleges and Schools and the Association of Christian Schools International. Your honest and thoughtful evaluation of this student is an important part of the admission and placement process. Your comments will remain confidential.

Please evaluate this student in the areas below according to these terms:

- Outstanding (O)** – consistently commendable for effort and achievement
- Satisfactory (S)** – satisfactory effort and achievement, consistent with ability and age
- Needs Improvement (N)** – needs improvement or more effort if progress is to be consistent with ability and age.

Verbal Skills:	
Speaks clearly; can be understood without context clues	O S N
Speaks in complete sentences	O S N
Can express and describe feelings	O S N
Listening Skills:	
Follows Directions	O S N
Is attentive and listens carefully	O S N
Follows classroom rules	O S N
Completes tasks on time	O S N
Works carefully	O S N
Social:	
Respects property of others	O S N
Is kind to others	O S N
Enters into play with others	O S N

Respects authority	O	S	N
Displays honesty	O	S	N
Adjusts well to new situations	O	S	N
Exhibits respect for adults	O	S	N
Shows self-confidence	O	S	N
Exhibits self-control in the classroom	O	S	N
Exhibits self-control on the playground	O	S	N
Exhibits motor coordination (runs, hops, skips, etc.)	O	S	N

Please rate student in the following subject areas (where applicable):

	Below Grade Level	On Grade Level	Above Grade Level
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor Skills (1 st grade only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add additional comments about this student: Select all of the words that describe this student:

- | | |
|--|---|
| <input type="checkbox"/> Outgoing, extroverted | <input type="checkbox"/> Quiet, introverted |
| <input type="checkbox"/> Strong-willed | <input type="checkbox"/> Helpful, Kind |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Positive leader |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Negative leader | |

Is this student eligible to be promoted to the next grade? Yes No

If no, please comment:

Does this applicant have any outstanding academic abilities or deficiencies? Yes No

If yes, please comment:

Does this applicant have any significant limitations (physical, emotional, social)? Yes No

If yes, please comment:

Please select areas in which the applicant has been recommended for special programs or help:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Attention |

How would you describe parental involvement in this student's education?

- | | |
|--|---|
| <input type="checkbox"/> Very Cooperative | <input type="checkbox"/> Apathetic |
| <input type="checkbox"/> Usually Cooperative | <input type="checkbox"/> Difficult to work with |
| <input type="checkbox"/> Rarely Cooperative | <input type="checkbox"/> Never had any communication with parents |

Thank you for your help!

Your Name (Print) _____ Date _____

School or Institution _____ Position _____

Address _____

Phone _____ Email _____

What Grade(s) was this student in your classroom? Pre-K K 1 2 3 4 5