

TEACHER RECOMMENDATION FORM

TODAY'S DATE _____

FOR APPLICANT PARENT/GUARDIAN:

Applicant's Name: _____ Applying to Grade: _____

Please read, sign and date the waiver in the box below. Attach the enclosed self-addressed envelope to your signed form and give it to your child's teacher. The completed form should be MAILED directly to Harbor School by your child's teacher.

I understand and agree that the information contained in the Teacher Recommendation Form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be made available to candidates, parents or anyone outside of Harbor School's enrollment committee, and I waive my right to read the confidential teacher recommendations and the school report for the student listed above.

Signature of Parent/Guardian

Date

FOR TEACHER :

Teacher Name: _____ School: _____

Subject: _____ Grade Level: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

We greatly appreciate your help in supplying the information requested by the applicant. The information you submit is confidential, will not be shared with the applicant's family, and will not become part of the student's permanent records.

How long have you known the applicant and in what capacity?

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

Does this student have an IEP or a diagnosis for any learning difference or disability? *Please explain.*

ACADEMIC QUALITIES - Where developmentally appropriate and compared to students you have taught, please rate this student's academic qualities:

SKILLS/TRAITS	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS	COMMENTS
Study Habits						
Academic Skills						
Motivation						
Intellectual Curiosity						
Ability to Work Independently						
Creative Problem Solving						
Critical and Abstract Thinking						
Ability to Work Cooperatively						
Ability to Organize & Communicate Ideas						

Feel free to attach an additional page if your comments require more space.

CONTINUE ▶

STUDENT NAME: _____

PERSONAL QUALITIES - Where developmentally appropriate and compared to students you have taught, please rate this student's personal qualities:

SKILLS/TRAITS	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS	COMMENTS
Leadership						
Peer Relationships						
Sense of Humor						
Creativity						
Reaction to Constructive Feedback						
Concerns for Others						
Self-Confidence						
Integrity						
Taking Responsibility for Own Actions						
Involvement in Activities Beyond Classroom						
Parental Attitude and Cooperation						

ADDITIONAL INFORMATION:

Please comment upon the applicant's academic and personal strengths.

Please comment upon the applicant's academic and personal challenges.

Please comment on your observations relative to this applicant's learning style.

Is there any additional information you feel would help us make an informed decisions?

If we need clarification, may we contact you by phone and/or email? YES NO

Teacher Signature _____

Date _____

This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed the form, please send it to Harbor School in the envelope provided. Feel free to use additional sheets if necessary. Thank you for your time and effort.

Please return your completed form to: Harbor School, Attn: Admissions, PO Box 1912, Vashon, WA 98070

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS