



Confidential Teacher Recommendation Form Grade 2 - Grade 5

Please return form as soon as possible. Information on the Referral Form will be held in the strictest confidence and will not, directly or indirectly, be shared with students, parents or guardians. Please return to: Admissions: Levey Day School 400 Deering Ave. Portland, Maine 04103

Name of Child _____ Current School _____

Applicant for Grade _____ Present Grade Level _____ with _____ other students in class,
_____ days a week, _____ hours a day. I have known this student for _____ years, _____ months.

Attendance is _____ regular _____ not regular

The first words that come to mind when I think of this student are _____

Academic Ability	Outstanding	Above Average	Average	Below Average
Verbal ability				
Mathematical ability				
Creative ability				
Intellectual ability				
Ability to grasp new concepts				

Please comment on this child's academic strengths and weaknesses.

Classroom Performance	Outstanding	Above Average	Average	Below Average
Classroom achievement				
Participation in discussions				
Writing mechanics				
Quality of written ideas				
Oral expressions				
Work habits				
Ability to follow directions				
Preparation for class				



Please comment on this child's learning style. Please also note any special needs and any observed discrepancies between academic ability and classroom performance.

School Behavior	Outstanding	Above Average	Average	Below Average
Motivation				
Ability to work in a group				
Ability to work independently				
Response to suggestions				
Willingness to seek needed help				
Attention span				
Interaction with peers				
Respect for others				
Conduct				

Please comment on any noteworthy aspect of the student's school behavior.

Personal Abilities	Outstanding	Above Average	Average	Below Average
Maturity for grade				
Maturity for age				
Perserverance				
Self-confidence				

Please comment on this student's social and emotional development.



Please circle the words that describe this student

aggressive anxious articulate assertive cheerful compassionate confident
conscientious dishonest disobedient distractible distracting energetic easily discouraged
irritable follower honest humorous impulsive independent irresponsible easily frustrated
kind manipulative loner motivated organized over-protected passive passive-resistant
popular negative leader perfectionist responsible restless self-centered positive leader
social vivacious self-disciplined well-liked other_____

Please note any special attributes of this student that would help us to better understand him or her (e.g., English as a second language, special talent in arts or athletics, etc.)

Please comment on the child-parent relationship.

Please describe the parents' relationship with teachers and the school.

Please attach copies of any relevant testing.

Would you be willing to discuss this child by telephone if we have further questions? _____Yes _____No

Is there information about this child that would be better communicated by telephone? _____Yes _____No

Evaluator's Name (printed)_____ Signature_____

Position_____ Date_____

Email address _____ Telephone Number_____

For a School Administrator

Has the family satisfied all financial obligations to your school? _____Yes _____No Initials _____
