



Teacher Recommendation, Grades 3-6

TO THE PARENT/LEGAL GUARDIAN:

Please provide the person completing this form with a stamped, addressed envelope and instruct the recommender to return this form directly to the Westfield Friend’s School Admissions Office. The information on this form is privileged and confidential. It is for Admissions Office use only and will not be part of the students permanent record.

WAIVER: BY SIGNING BELOW, I AGREE TO WAIVE MY RIGHT OF ACCESS TO ANY INFORMATION PROVIDED TO WESTFIELD FRIENDS SCHOOL BY THE TEACHER/ADMINISTRATOR WHO COMPLETES THIS FORM.

Name of Applicant _____ Applying for Grade _____

Parent/Guardian Signature _____ Date ____/____/____

TO THE PERSON COMPLETING THIS FORM:

Your assessment of the applicant will help us evaluate the above student for admission to Westfield Friends School. The information you supply will be held in the strictest of confidence and will not become part of the student’s permanent record. Thank you for your assistance.

Name: _____ School Name: _____

Position: _____ School City/State: _____

Relation to applicant: Current Class Teacher Last Year’s Class Teacher
 Subject Teacher (specify) _____ Administrator (specify) _____

What three words immediately come to mind when describing the applicant?

Please comment on noteworthy academic or social strengths/challenges of the student.

Please describe any areas in which the applicant needs extra support :

Would you categorize the applicant's current academic performance as being at grade level, below grade level, or above grade level?

Does the applicant have an IEP or 504 Plan in place and /or has the applicant been referred for evaluation by your school?

Generally, how successful do you feel the applicant would be in an academically rigorous program?

To your knowledge, is the parents'/guardians' perception of their child compatible with the school's understanding of the child? Please elaborate if necessary.

How would you describe the parents'/guardians' involvement in the educational process? To your knowledge has there been parent cooperation with the school?

Would you be comfortable being contacted by Westfield Friends School's Admissions Office if we have any further questions for you about the applicant? If so, please provide your preferred means of contact (e.g. email address, work phone number, cell phone number).

After completing the Student Evaluation Chart on the next page, please mail this entire form directly to:

Admissions Office

Westfield Friends School

2201 Riverton Road

Cinnaminson, New Jersey 08077

STUDENT EVALUATION CHART (PLEASE CHECK APPROPRIATE BOXES)	Excellent	Good	Average	Fair	Limited	Unknown
Study/Work Habits						
Organizational Skills						
Effort/Drive						
Intellectual Curiosity						
Creativity						
Shows Initiative						
Attention Span						
Class Participation						
Written Expression						
Oral Expression						
Self-confidence						
Leadership Potential						
Maturity						
Relationship with Peers						
Relationship with Adults						
Warmth of Personality						
Consideration of Others						
Personal Integrity						
Fulfills Responsibilities						
Attendance						
Overall Social Adjustment						
Overall Academic Adjustment						
Parent/Guardian Cooperation						
Parent/Guardian Event Attendance						