



Teacher Recommendation, KG - 2nd Grade

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

Please describe ways in which the applicant is unique (e.g., sense of humor, independence, resourcefulness, friendliness, creativity, etc.). Please share any information which might assist us in knowing the applicant on a deeper level.

Please comment on noteworthy developmental or academic challenges of the student.

Please comment on the applicant's social and emotional maturity.

Do you feel the applicant is a good fit for a structured, challenging academic program? (KG, 1st, & 2nd)

(For 1st and 2nd Grade Applicants Only) Please provide specific information about the applicant's reading and math skills.

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)	Area of Strength	Age Appropriate	Developing	Area of Concern	Unknown
Listens Attentively					
Follows Oral Directions					
Participates in Classroom Activities					
Handles Classroom Routines					
Transitions to New Tasks					
Completes Assigned Tasks					
Works Independently					
Engages in Group Learning					
Communicates Clearly					
Demonstrates Problem-solving Ability					
Possesses Memory/Retention Skills					
Fine Motor Skills					
Gross Motor Skills					
Is Motivated					
Takes Pride in Work					
Respects Teachers/Adults					
Respects Peers					
Is Considerate of Others' Feelings					
Possesses Self-Confidence					
Cooperates/Respects Rules					
Acts as a Leader					
Exhibits Self-control					
Handles Frustration (Perseveres)					
Displays Positive Attitude/Initiative					