

THE *Valley* SCHOOLS

15700 Sherman Way
Van Nuys, CA 91406
(818) 786-4720

James Haddad
Principal

TEACHER/COUNSELOR RECOMMENDATION
GRADES 4-8

To the Applicant:

Fill out the top portion of this form and give it your teacher/counselor. Your teacher will mail it directly to the school.

Name of Applicant: _____

Home Address: _____

School: _____ Phone Number: _____

Grade applying for: _____

NOTE: THIS FORM IS FOR ADMISSIONS USE ONLY AND WILL NOT BECOME PART OF THE STUDENTS PERMANENT RECORD. IT WILL NOT BE OPEN TO GENERAL REVIEW.



To the Teacher:

The above named candidate is applying for admission to Valley School. The admissions committee needs thorough evaluations in order to aid them in the decision-making process. This form is confidential and will not be made available to the student. **Please mail directly to:**

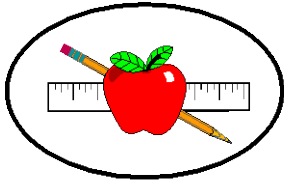
**Valley School
Attn: Mr. Haddad
15700 Sherman Way
Van Nuys, CA 91406**

Please answer in the space provided:

How long have you known the applicant? In what capacity? _____

What do you think are the student's main strengths? _____





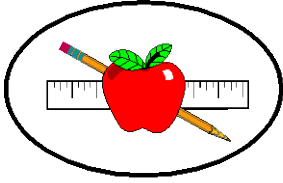
What do you think are the student's main weaknesses? _____

Please rank the student in each category using the rubric presented. Circle the number that best represents the student's current status.

- | | | | | | |
|-----------------------------------|----------------------|----------|----------|----------|-----------------------|
| 1. Academic Achievement: | 1 | 2 | 3 | 4 | 5 |
| | Below Expectation | | | | Outstanding |
| 2. Effort/Drive | 1 | 2 | 3 | 4 | 5 |
| | Limited | | | | Maximum |
| 3. Written Expression | 1 | 2 | 3 | 4 | 5 |
| | Poor | | | | Excellent |
| 4. Oral Expression | 1 | 2 | 3 | 4 | 5 |
| | Limited | | | | Exceptional |
| 5. Daily Preparation | 1 | 2 | 3 | 4 | 5 |
| | Poor | | | | Excellent |
| 6. Critical Thinking | 1 | 2 | 3 | 4 | 5 |
| | Limited | | | | Excellent |
| 7. Consideration of Others | 1 | 2 | 3 | 4 | 5 |
| | Rarely Considerate | | | | Very Thoughtful |
| 8. Peer Relationships | 1 | 2 | 3 | 4 | 5 |
| | Relates Poorly | | | | Healthy Relationships |
| 9. Classroom Conduct | 1 | 2 | 3 | 4 | 5 |
| | Frequent Disruptions | | | | Good Conduct |

RECOMMENDATION:

- _____ I strongly recommend this student
- _____ I recommend this student
- _____ I recommend this student with reservations
- _____ I do not recommend this student



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Teacher (please print): _____ **School:** _____

Signature: _____ **Date:** _____