



STUDENT RECOMMENDATION FORM GRADES 1 – 3

TO BE COMPLETED BY THE CURRENT CLASSROOM TEACHER

The following student has applied for admission to Valley School. Please complete and return this form directly to the school in the envelope provided. This information is confidential and will not become a matter of public record.

STUDENT NAME: _____

PRESENT GRADE: _____ NUMBER OF YEARS AT THIS SCHOOL: _____



ACADEMIC PROGRESS

O – Outstanding
G – Good

S – Satisfactory
P – Below average/poor

VP – Very Poor

SOCIAL STUDIES	<input type="checkbox"/>	PHONICS	<input type="checkbox"/>	MATH	<input type="checkbox"/>
LANGUAGE	<input type="checkbox"/>	SPELLING	<input type="checkbox"/>	SCIENCE	<input type="checkbox"/>
		READING	<input type="checkbox"/>		



CITIZENSHIP

NEEDS IMPROVEMENT AVERAGE ABOVE AVERAGE

GENERAL ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLAYGROUND BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE/PUNCTUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME STUDY HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENTAL INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SCHOOL INFORMATION

NAME OF PERSON COMPLETING FORM: _____

NAME OF YOUR SCHOOL: _____

TELEPHONE NUMBER OF YOUR SCHOOL: _____