"Building The Leaders Of Tomorrow"

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

Teacher (please print): _____ School: _____

Signature: _____ Date: _____