Confidential Teacher Recommendation for Students Entering Grades 2-4
(Please submit after November 1)

Student's name _____ Applicant for grade _____

Current school _____ Current grade _____

Teacher/Respondent name _____ Relationship to student _____

I have known this student for _____ months/years.

To the Parents/Guardians: I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for purposes of my child's application to attend the school.

_____ _____ _____
Parent/Guardian name (please print) Parent/Guardian signature Date

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To the Teacher/Respondent: We appreciate your time and thought in completing this recommendation and understand the difficulty in evaluating children as they are growing, changing and developing. Please be honest and forthright in your responses. If the applicant's parent/guardian has signed the waiver above, this information will be kept confidential to the full extent allowed by law.

Directions: In relation to children of similar age, please check the appropriate box for each item below (4 = exceptional; 3 = strong; 2 = average; 1 = area of concern):

Academic Development	4	3	2	1
Academic potential				
Academic achievement				
Motivation for academic tasks				
Attention span for academic tasks				
Effort/initiative				
Listening skills				
Intellectual curiosity				
Willingness to take academic risks				
Organization				
Follow-through/persistence				
Ability to work independently				
Commitment to homework				
Ability to express ideas orally				
Participation/engagement				
Interest in reading				
Reading achievement				
Ability to express ideas in writing				
Math achievement: concepts/problem solving				
Math achievement: computation skills				

Social/Emotional/Behavioral Development	4	3	2	1
Emotional development				
Maturity				
Personal integrity				
Emotional self-control				
Physical self-control				
Conduct				
Social development				
Respect for others				
Interaction with peers				
Interaction with adults				
Adaptability/flexibility				
Ability to accept limits				
Resolves conflicts appropriately				
Self-confidence				
Ability to work cooperatively				
Sense of humor				
Quiet leadership				
Active leadership				

General information to be completed for all candidates

Tell us what you consider to be the candidate's strengths and areas of need:

Strengths _____ Needs _____

Briefly describe this child's social/emotional development:

_____

Briefly describe this child's academic development/performance:

_____

List any support services this student has received (e.g., speech therapy, academic support, enrichment, guidance services, health-related services, etc.):

_____

Other comments about the candidate (e.g., special interests, talents, etc.), or circumstances of which we should be aware:

_____

Briefly describe parental involvement, cooperation, expectations:

_____

To the best of my knowledge, the information given above is accurate.

Relationship to student: ❑ Current Teacher ❑ Other (please specify) _____

Teacher signature

Date

Email address

School address (Street / City / State / ZIP)

Please return this form to:

Breck School Admissions Office
123 Ottawa Ave N
Minneapolis, MN 55422-5189

Phone: 763-381-8200
Fax: 763-381-8288