



Teacher Recommendation Form

CONFIDENTIAL

To the Parent: Please print or type this section and deliver this form to your child’s teacher. Include an addressed and stamped envelope to the schools where you wish this evaluation to be sent. **The teacher will mail these forms directly to the BCD Admission Office. For a middle school applicant, a recommendation from the English and Math teacher are required.**

APPLICANT INFORMATION

First	Middle	Last	Name Used
Applying for Grade _____ Year of Entry _____ Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female			

CURRENT SCHOOL INFORMATION

Name of Current School _____ ()				
Street Address	City	State	Zip	Phone Number

Date: _____ Signed: _____
(parent or guardian)

Principal or Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

In what capacity and how long have you known this applicant?

ENGLISH/LANGUAGE ARTS:	Excellent	Good	Fair	Poor
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression				
• Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Names of textbooks and publishers:

MATHEMATICS:	Excellent	Good	Fair	Poor
Knowledge of Basic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Grasp Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Names of textbooks and publishers:

ACADEMIC SKILLS:	Excellent	Good	Fair	Poor
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abstract Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SKILLS:

Peer Relationships:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Relationships:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Conduct:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense Humor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Setbacks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward School:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas in which this child excels:

Area in which this child has the greatest needs:

Has this child ever been a recipient of special services program, i.e. gifted, learning disability resource, etc?

If yes, please explain:

Additional comments:

Please check those parental support terms that are TYPICAL:

- Are cooperative Follow through with suggestions Have realistic picture of child's ability
- Are interested in education Value child's uniqueness

Please comment on degree and type of parental involvement:

If the need arises, may we contact you further? Yes No **Phone Number:** () _____

Signature of Teacher

Date