



THE GOODEN SCHOOL

Teacher Recommendation Form Grades 3 - 8

Name of Student _____ Application for Grade _____

Parent or Guardian: Please write your child's name in the space above and read and sign the following before giving to the student's teacher.

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone outside of the Admissions Committee.

Signature of Parent or Guardian

Date

Relationship to the student _____ Length of time you have known student _____

<i>ACADEMIC SKILLS</i>	<i>CONSISTENTLY</i>	<i>SOMETIMES</i>	<i>SELDOM</i>	<i>NOT OBSERVED</i>
Listens to and follows teacher's directions				
Is attentive to group discussions/ activities				
Contributes appropriately to group discussions/ activities				
Demonstrates ability to work independently				
Perseveres in spite of difficulty				
Works cooperatively				
Enjoys new challenges				
Demonstrates good visual perception				
Demonstrates good auditory memory				
Exhibits problem solving abilities				
Expresses ideas clearly				
Demonstrates appropriate energy level				
Demonstrates ability to stay on task				
Is self-motivated				

<i>SOCIAL SKILLS</i>	<i>CONSISTENTLY</i>	<i>SOMETIMES</i>	<i>SELDOM</i>	<i>NOT OBSERVED</i>
Responds positively to constructive criticism				
Establishes friendships easily				
Is comfortable in a group				
Is kind towards others				
Is considerate of others				
Demonstrates self-control				
Communicates needs effectively				
Takes responsibility for belongings				
Is cooperative				
Demonstrates appropriate behavior				
Exhibits emotional maturity				

<i>FAMILY INFORMATION</i>	<i>CONSISTENTLY</i>	<i>SOMETIMES</i>	<i>SELDOM</i>	<i>NOT OBSERVED</i>
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Cooperates with administration				
Follows the rules and policies of the school				
Has realistic expectations for their child				
Meets financial obligations in a timely manner				

CIRCLE THE WORDS THAT BEST DESCRIBE THIS APPLICANT

Aggressive	Disobedient	Irritable	Organized	Self-disciplined
Anxious	Easily Discouraged	Manipulative	Over-protected	Shy
Articulate	Follower	Mature	Perfectionist	Social
Cheerful	Helpful	Motivated	Positive Leader	Vivacious
Confident	Honest	Negative Leader	Responsible	Well-liked
Conscientious	Immature	Oppositional	Self-centered	Witty

Is student habitually tardy or absent? Yes No

If yes, please elaborate: _____

As a student this candidate is:

Highly Recommended Recommended Recommended with Reservation Not Recommended
(please explain) *(please explain)*

As a person this candidate is:

Highly Recommended Recommended Recommended with Reservation Not Recommended
(please explain) *(please explain)*

Is there anything regarding the family that would be helpful for us to know? _____

If you have additional information that would be helpful to the Admissions Committee in evaluating the candidate's application, please comment. If needed, use an additional sheet of paper. _____

Signature of Teacher *Print Name* *Date*

Name of School *School Address*

Would you be willing to discuss this student by telephone if we have further questions? Yes No

School Telephone *Best time to reach you*

Please return recommendation form to:
The Gooden School
ATTN: Admissions
192 North Baldwin Avenue
Sierra Madre, California 91024