



Beaches Episcopal School ♦ The Bolles School Whitehurst and Ponte Vedra Beach Campuses  
 Episcopal School of Jacksonville ♦ Grace Episcopal Day School ♦ Greenwood School  
 Jacksonville Country Day School ♦ Christ's Church Academy ♦ Martin J. Gottlieb Day School  
 Providence School ♦ Riverside Presbyterian Day School ♦ St. Johns Country Day School  
 St. Mark's Episcopal Day School ♦ San Jose Episcopal Day School ♦ Discovery Montessori School

## Teacher Recommendation Form

### For Grades 2, 3, 4, 5 and 6

**Parent/Guardian:**

Name of Applicant \_\_\_\_\_ Date of birth \_\_\_\_\_

Applying for Grade:  2  3  4  5  6      Applying for school year \_\_\_\_\_  Male  Female

The Schools listed above are all accredited by the Florida Council of Independent Schools and have created this shared form to be filled out by the appropriate person at the applicant's school – current teacher, principal, and/or director. We ask that you please complete the form and return it directly to the appropriate school(s) by mail or facsimile. It may not be hand-carried by the parent.

If the applicant has applied to more than one of the schools listed above, you may duplicate this recommendation. Thank you for your time, effort, and consideration. Please keep a copy of this form for your records.

For the applicant named above, I authorize the release of school records, including an official transcript (if applicable) of all grades as well as the results of any academic testing. I acknowledge that I waive my right to read the confidential letter recommendation form and the school records.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Teacher:**

Your insights and observations are important in helping to determine appropriate independent school placement for the child and the family so that his/her aspirations can best be reached. Please know that the professional comments you share will be held in strictest confidence and will be made available only to admission and guidance officers of the school. This form will not become a part of the student's permanent records.

How would you describe this child? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Social and Emotional Development	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Area of Concern
Listens				
Cooperates				
Relates to peers				
Relates to adults				
Exhibits self-confidence				
Adjusts to transitions				
Tolerates frustration				
Separates from parents				
Shares materials and possessions				
Functions independently				
Asks for help when needed				
Demonstrates self-control				

Comments \_\_\_\_\_

\_\_\_\_\_

Physical Development	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Area of Concern
Fine motor control				
Gross motor control				
Speech and articulation				

Comments \_\_\_\_\_  
 \_\_\_\_\_

Cognitive Development	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Area of Concern
Expresses ideas orally				
Speaks in complete sentences				
Sustains attention in small groups				
Sustains attention in large groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in				
Utilizes materials appropriately				
Follows directions				

Comments \_\_\_\_\_  
 \_\_\_\_\_

Family Information	Consistently	Usually	Sometimes	Rarely
Communicates openly with school				
Participates in school activities				
Cooperates with classroom teachers				
Follows the rules and policies of the				

Comments \_\_\_\_\_  
 \_\_\_\_\_

Administrative Comment (optional) _____ _____ _____
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Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

School address \_\_\_\_\_

Signature (Administrator) \_\_\_\_\_ Date \_\_\_\_\_