



Alexandria Country Day School
 Admissions Office
 Kim Roberts, Director of Admissions

Confidential Teacher Recommendation Lower and Middle School Applicants

Parents/Guardians,

Please read the statement below and sign before giving this to your child's current teacher.

I understand and agree that the information contained on this Classroom 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, and I waive any right that I may have to see it.

 Signature of Parent or Guardian

 Date

Teacher,

This student is applying for admission to Alexandria Country Day School. Your professional feedback about this student will help the Admissions Committee makes its decision. Your comments will be held in strict confidence. Please return to Admissions Office to the physical or email address listed below.

Student Name: _____

Applying for Grade: _____

How long have you known the applicant: _____

Please rank the candidate in the following areas:

Academic Skills	Area of Strength	Age Appropriate	Progressing	Area of Concern
Ability to express ideas verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express written ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar/Mechanics skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading rate and fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and usage of content-area vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in use of basic mathematical and/or computation skills as applicable to grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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manner (as applicable)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Honesty and Integrity	<input type="checkbox"/> Above reproach	<input type="checkbox"/> Good citizen	<input type="checkbox"/> Needs guidance	<input type="checkbox"/> Is questionable
Responsibility for Actions	<input type="checkbox"/> Very responsible	<input type="checkbox"/> Usually responsible	<input type="checkbox"/> Sometimes responsible	<input type="checkbox"/> Rarely responsible
Self Control	<input type="checkbox"/> Good	<input type="checkbox"/> Usually good	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Frequent disruptions
Self Confidence	<input type="checkbox"/> Healthy self image	<input type="checkbox"/> Needs support	<input type="checkbox"/> Overly confident	<input type="checkbox"/> Poor self image
Attention and Focus	<input type="checkbox"/> Consistently on task	<input type="checkbox"/> Rarely needs redirection	<input type="checkbox"/> Often needs redirection	<input type="checkbox"/> Focus is a problem
Consideration of Others	<input type="checkbox"/> Very thoughtful	<input type="checkbox"/> Usually considerate	<input type="checkbox"/> Inconsiderate	<input type="checkbox"/> Unkind
Relationships with Peers	<input type="checkbox"/> Kind and respectful	<input type="checkbox"/> Generally relates well	<input type="checkbox"/> Has trouble making/keeping friends	<input type="checkbox"/> Relates poorly
Emotional Maturity	<input type="checkbox"/> Very mature	<input type="checkbox"/> Average	<input type="checkbox"/> Somewhat immature	<input type="checkbox"/> Very Immature
Relationships with Adults	<input type="checkbox"/> Comfortable	<input type="checkbox"/> Uneasy	<input type="checkbox"/> Dependent	<input type="checkbox"/> Disrespectful

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate(s) in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) support and follow school policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates openly with the school and classroom teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with school administration and follows through with school recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has realistic expectations for their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Has this child ever had behavior issues in your class? If yes, please explain.

Does this child have attendance issues, including excessive tardiness?

Have additional resources or accommodations been recommended or given to this student? If yes, please explain.

Please share any additional information about the applicant that should be taken into consideration during the admissions process.

Printed Name of Teacher

Phone Number

Name of School

Email

Signature of Teacher

Date