



Teacher Recommendation Form

APPLICANT

Last, First, Middle		
Present Date	Program applying for	Date of Birth

I hereby give permission for you to release the information on this form concerning my child. I, the parent/guardian, understand that I will not have access to this confidential information.

Signature of Parent/Guardian

The student listed above has applied for admission to Charlottesville Day School. We would appreciate receiving as much information as possible about the applicant. Please answer the questions below and add any further comments which you feel will be helpful to us. In addition, we would appreciate any evaluations or reports you may already have on the applicant. Thank you for your assistance.

How long has the applicant attended the present school?	
How long have you known the applicant?	
Length of school day?	Number of days/week?
Is English the applicant's primary language?	

BEHAVIORS THAT PROMOTE LEARNING	3	2	1	N/A
Follows school and classroom rules				
Courteous in words and actions				
Demonstrates self-control				
Resolves conflict appropriately				
Organizes self, materials, belongings				
Produces quality work				
Completes tasks within given time				
Participates in class activities				
Works independently				
Works collaboratively				
Completes assigned homework				
COMMUNICATION				
Uses listening and observation skills				
Communicates ideas clearly and effectively				
Uses communication strategies and skills to work effectively with peers				

Please check the appropriate boxes: 3 = Strength, 2 = Developing, 1 = Area of Concern

PLEASE COMMENT ON THE FOLLOWING

Activities this child prefers:
Most likely to avoid this learning task:
Greatest strength in dealing with peers:
General health as exhibited at school (concerns):
Characteristic response to new task or situation:
Need for attention:
Activity/excitability level:
How child handles frustration:
Ability to handle transitions in the program:
Response to discipline:

DESCRIBE THE CHILD AND FAMILY

Include any family circumstances of which we should be aware in our evaluation. Please make any other comments about the applicant or note if you would like for us to call you.

Signature	Position	Date
-----------	----------	------

School	Telephone
--------	-----------

Address	City	State	Zip
---------	------	-------	-----

Please return this form directly to:
Director of Admissions
CHARLOTTESVILLE DAY SCHOOL
200 Four Seasons Drive
Charlottesville, VA 22091
Phone: 434-817-CDS1