

Name of Applicant: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

Name of school completing recommendation: \_\_\_\_\_

**Parent or Guardian** - Please write your child's name in the space above and read and sign the following before giving this to your child's teacher. Please include an addressed/stamped envelope for each school you list below.

*I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this recommendation to the following Houston schools:

1. \_\_\_\_\_ Address: \_\_\_\_\_
2. \_\_\_\_\_ Address: \_\_\_\_\_
3. \_\_\_\_\_ Address: \_\_\_\_\_
4. \_\_\_\_\_ Address: \_\_\_\_\_

**Teacher** - Please complete this confidential form and return it to the schools listed above in the envelope provided by the student/parent. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files to send to additional schools. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office.

Skills Ratings	Exceeds Expectations	Area of Strength	Age Appropriate	Progressing	Area of Concern	Please Comment
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						
Moves easily from one activity to another						
Demonstrates ability to stay on task						
Ability to complete work in a timely manner						
Ability to express ideas verbally						
Clarity of writing						
Grammar/Mechanics skills						
Reading rate and fluency						
Reading comprehension						
Knowledge and usage of vocabulary						
Imagination and creativity						
Problem-solving skills						
Willingness to take risks						
Reads for pleasure						
Number's sense						
Spatial sense						
Academic curiosity						

## HAIS Common Teacher Recommendation Grades 1-5 (Page 2)

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Social Skills	Consistently	Sometimes	Seldom	Please Comment
Responds positively to constructive criticism				
Establishes friendships easily				
Is comfortable in a group				
Respectful of property (personal and others)				
Accepts responsibility for actions				
Demonstrates self-control				
Takes responsibility for belongings				
Is cooperative				
Demonstrates appropriate energy level				
Exhibits emotional maturity				
Takes pride in appearance				

**Circle the words that best describe this applicant:**

Aggressive	Disobedient	Honest	Oppositional	Shy
Anxious	Easily discouraged	Immature	Over-protected	Self-reliant
Cheerful	Flexible	Impulsive	Perfectionist	Spirited
Confident	Follower	Manipulative	Positive leader	Well-liked
Curious	Helpful	Negative Leader	Self-disciplined	Witty

**Please describe the student's academic/social strengths, assets and gifts:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe the student's academic/social challenge and areas of support:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please add any additional information that would provide a more complete picture of the student and family:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This applicant is:**

Strongly Recommended     
  Recommended     
  Recommended with Reservation     
  Not Recommended

**I would:**     like to       be willing to discuss this applicant by telephone.

**Teacher Verification**

Teacher Signature:	Date:
Print Name:	School Address:
Teacher Email:	
Home Phone:	Telephone:

**Director/Principal Verification**

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				
Signature of Director or Principal:			Date:	