



# Current Teacher Recommendation

## Grade 2 through 8

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Apply to grade \_\_\_\_\_  
last first month/day/year

**To the parent/guardian:** Print the above informaton and read and sign the statement below. Give this form to the child's teacher(s) with a stamped envelope addressed to Rockwern Academy.

*For the chld named above, I give permission for you to release the information on this form to Rockwern Academy and waive my right to access this confidential information.*

Name of child's parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of child's parent/guardian \_\_\_\_\_

**To the teacher:** This recommendation will remain confidential and will not become part of the student's permanent academic record; please be sure the parent has signed above. We sincerely appreciate you cooperation and candor.

**PLEASE CHECK APPROPRIATE BOXES:**

- Academic potential  limited  fair  good  outstanding
- Academic achievement  considerably below expectations  as expected  better than tests  far above expectations
- Effort/motivation  limited  sporadic  usually good  maximum
- Study habits  poor  fair  good  excellent
- Ability to work in groups  has great difficulty  sometimes has difficulty  usually effective  always works well
- Ability to work alone  needs much help  needs help frequently  needs help occasionally  always works well
- Curoosity  little  occasional  consistent  marked
- Ability to express ideas orally  limited  has some difficulty  good  exceptional
- Ability to express ideas in writing  limited  has some difficulty  good  exceptional
- Imagination  little  fair  active  highly developed
- Use of time  uses poorly  occasionally wastes  usually uses well  always uses effectively
- Follows directions  rarely  needs much explanation  occasionally needs help  quickly and effectively
- Seeks help when needed  rarely  occasionally  usually  always
- Attention span  easily distracted  occasionally distracted  usually good  exceptionally good

Maturity in terms of age/grade	<input type="checkbox"/> very immature	<input type="checkbox"/> somewhat immature	<input type="checkbox"/> mature	<input type="checkbox"/> impressive
Respect for others	<input type="checkbox"/> disrespectful	<input type="checkbox"/> usually respectful	<input type="checkbox"/> respectful	<input type="checkbox"/> highly respectful
Social interactions with peers	<input type="checkbox"/> relates poorly	<input type="checkbox"/> has occasional problems	<input type="checkbox"/> healthy relationships	<input type="checkbox"/> extremely popular
Reaction to criticism	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Leadership potential	<input type="checkbox"/> a follower	<input type="checkbox"/> leads when given responsibility	<input type="checkbox"/> seeks opportunities and uses them well	<input type="checkbox"/> a natural leader
Initiative	<input type="checkbox"/> never initiates	<input type="checkbox"/> rarely shows initiative	<input type="checkbox"/> occasionally initiates	<input type="checkbox"/> often initiates
Classroom conduct	<input type="checkbox"/> frequent disruptions	<input type="checkbox"/> occasional misconduct	<input type="checkbox"/> usually good behavior	<input type="checkbox"/> good conduct
Sense of humor	<input type="checkbox"/> rarely laughs or smiles	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> delightful
Self confidence	<input type="checkbox"/> needs much reassurance	<input type="checkbox"/> needs some support	<input type="checkbox"/> appears overly confident	<input type="checkbox"/> positive self-image

Please describe the family's relationship with the faculty and administration.

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Has this student received intervention? If yes, please explain (when initiated, subject matter, how many times per week, etc.).

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**SPECIFIC RECOMMENDATIONS**

Highly recommended   
 Recommended   
 Not recommended *(please explain below)*   
 Recommended with reservations *(please explain below)*

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Prefer not to make recommendation *(please explain below)*

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Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional page(s) if desired.

Your name (please print) \_\_\_\_\_

Position \_\_\_\_\_

Subject(s) you taught applicant \_\_\_\_\_

I have known the applicant for \_\_\_\_\_

School \_\_\_\_\_

Phone \_\_\_\_\_

Your signature \_\_\_\_\_

Date \_\_\_\_\_

Send completed form to: Rockwern Academy  
Admissions Office  
8401 Montgomery Road  
Cincinnati, OH 45236