



Teacher Recommendation (grades 1-8)

To The Parent: Please fill out the first section and give this form to your child's current teacher (or another teacher/administrator who knows your child well), along with a stamped envelope addressed to: Gateway School Admissions, 126 Eucalyptus Avenue, Santa Cruz, CA 95060. Please do not hand-deliver the report; the teacher will mail the report directly to Gateway School. Thank you!

Applicant: _____ Teacher: _____
 Grade _____ School: _____
 Date: _____ School Phone: _____

Applying to _____ Grade in September, 20 _____

To The Teacher/Administrator: This student is applying for admission to Gateway School. Your candid estimate of his/her academic performance and qualities as a person will help the school in making its determination. Please add additional comments on the back. **Your comments are strictly confidential and will not be a part of the student's permanent record. Please return this survey directly to the school by mail. We sincerely thank you for your time!**

How long have you known the candidate? _____ In what grades? _____

Subject(s) you taught applicant _____

ACADEMIC AND PERSONAL EVALUATION: Please check the appropriate ratings

	Limited	Fair	Average	Good
Academic potential				
Academic achievement				
Ability to work in a group				
Ability to work alone				
Participation in discussion				
Uses time				
Attention span				
Maturity in terms of age and grade				
Integrity				
Consideration of others				
Social adjustment with peers				
Adult interactions				
Leadership potential				
Initiative				
Classroom conduct				
Sense of humor				
Self confidence				
Fulfills responsibilities				
Attendance				
Homework				
Creativity				
Critical and abstract thinking				

Please comment on this student's reading and writing skills.

Please comment on this student's math skills.

Does this student receive any special services or additional tutoring?

Is this student in good standing and eligible to remain at your school next year? Yes ____ No ____

What is the recommended grade level for the coming year? _____

Specific recommendation: Highly recommended _____ Recommended _____
Recommended with reservation _____ Prefer not to make a recommendation _____
Please call for more information _____

Are the parents involved in the student's school experience? Do they participate in the life of the school? In what ways?

Additional comments:

Form Completed by (print name) _____

Your signature _____

Phone _____

Date _____