



ELEMENTARY/MIDDLE SCHOOL RECOMMENDATION FORM

Please return this form to:
 First Impressions Academy
 6965 Nexus Court
 Fayetteville, NC 28304

Name of Student _____ **Applicant for Grade** _____

Parent of Guardian- *Please read and sign before submitting to present school's teacher*

I understand and agree that the information contained on this teacher recommendation form is confidential and will be used only in evaluating and selecting applicants and will not become part of the student's permanent record. I also agree that this completed form will not be available to candidates, parents or anyone else outside of First Impressions Academy admissions committee, and I waive any right that I may have to see it.

 Signature of Parent of Guardian

 Date

TEACHER

Please complete all of this form and return it to First Impressions Academy. Information that does not appear on entrance exams or school records is most helpful in enabling us to evaluate the applicant. Your input regarding the student's abilities and needs helps us determine whether our program is right for the applicant. This information is strictly confidential. It is used only in evaluating applicants and does not become part of their permanent records.

I. What are the first few words that come to mind when you think of this child?

II. ACADEMICS AND WORK HABITS

Usually Sometimes Seldom

Pursues tasks to completion/perseveres in spite of difficulty			
Grasps concepts quickly			
Demonstrates intellectual curiosity			
Enjoys complex tasks or ideas			
Exhibits a variety of interests			
Follows oral direction			
Follows written direction			
Plans and uses time well			
Works well with others			

III. SOCIAL AND EMOTIONAL DEVELOPMENT

Usually Sometimes Seldom

Is self-confident with peers and adults			
Speaks up in a group discussion			
Expresses emotions appropriately			
Is helpful in the classroom			
Cooperates well in a group			
Is self-disciplined			
Shows empathy and tolerance towards others			
Shows a willingness to take risks			
Helps to promote cooperative classroom environment			
Is respectful of adults			
Respects property			

IV. What do you consider to be the student's greatest strengths?

V. What do you consider to be the student's greatest needs?

VI. How long and in what capacity have you known this student?

VII. Has this student ever been recommended for testing or services; academically, behaviorally, socially?

VIII. I recommend this student:

_____ Enthusiastically _____ With Confidence _____ With Reservation _____ Do not recommend

Name: _____ **Position:** _____

School: _____

PARENT(S) INVOLVMENT WITH THE SCHOOL *(to be completed by your current school's teacher)*

Usually Sometimes Seldom

Attends parent conferences			
Participates in school activities			
Meets financial obligations			
Cooperates with school policies and procedures			

Signature of Teacher/Head of School _____ **Date** _____