



**SHAPING LIVES FOR
SUCCESS**

5123 Chamblee Dunwoody Rd, Dunwoody, GA 30338

Phone
770.512.8456

Fax
770.512.8298

Email
ans@gccsda.com

2017-2018 Teacher Recommendation Form

For Parent			
Student's Name		Applying for Grade	
Teacher's Name			
Name of School			

For Teacher			
How long have you known the applicant?		In what capacity?	

Please check your assessment of the applicant in each of the categories below. Please rank the candidate on a scale of 1 to 5, where the numbers indicate the following: 1 = Improvement Needed, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Excellent.

PERSONAL & SOCIAL DEVELOPMENT	1	2	3	4	5	ACADEMIC READINESS	1	2	3	4	5
Independent Work						Motivation					
Cooperation With Peers						Language Development					
Cooperation With Adults						Math Achievement					
Self-Control						Reading Achievement					
Leadership						Fine Motor Coordination					
Responsibility						Concentration					
Emotional Stability						Memory & Retention					
Gross Motor Development						Ability to Follow Instructions					
Imagination & Creativity						Overall Assess. of Class Performance					

Please comment on any outstanding talents/achievements or reservations not covered by the categories above.

Do you have any thoughts regarding the applicant's prospects for success in a private Christian school environment?

TEACHER RECOMMENDATION FORM CONT.

Do you know if the child has ever received professional psychological testing or counseling?			
Yes	No	If so, please describe, if possible:	
Would you consider this child to have a discipline problem?			
Yes	No	If so, please explain:	
Has this child ever been in a program for special needs (i.e. learning disabled, behavior disorder, gifted, etc.)?			
Yes	No	If so, please describe:	
Would you recommend this student for acceptance at Atlanta North School (Circle One)?			
Would Recommend Confidently	Would Recommend	Would Recommend with Reservations	Would Not Recommend
Additional Comments:			

Thank you for the time and thought you have taken in completing this confidential evaluation.

Signature of School Official/Teacher _____

Date _____

Please return this evaluation to:

Atlanta North School of SDA
 5123 Chamblee Dunwoody Rd
 Dunwoody, GA 30338
 Fax: 770.512.8298