



The Academy • Archway School • ASA Academy • The Athenian School • Aurora School • Beacon Day School • Bentley School • Berkeley Montessori School
 Berkwood Hedge School • Black Pine Circle School • Contra Costa Jewish Day School • Crestmont School • The Crowden School • Ecole Bilingue de Berkeley
 East Bay Waldorf School • Escuela Bilingue Internacional • German International School—East Bay Campus • Grand Lake Montessori • Growing Light Montessori • Head-Royce School •
 Julia Morgan School for Girls • Mills College Children's School • Montessori Family School • Northern Light School • Oakland Hebrew Day School • Pacific Boychoir Academy
 Park Day School • Principled Academy • Prospect Sierra School • Quarry Lane School • Raskob Day School • Redwood Day School • The Renaissance School • Saklan Valley School
 Seven Hills School • St. Paul's Episcopal School • Tehiyah Day School • Walden Center and School • Windrush School

Confidential Teacher Recommendation Form for Grades 1-8

Student's Name _____ Date of Birth _____ Applying to grade _____
LAST FIRST

To the parent: Print the above information and give this form to the student's teachers with a stamped envelope addressed to any school listed above to which the student is applying. Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations.

Name of student's Parent or Guardian (please print) _____ Phone Number _____

Signature of student's Parent or Guardian _____ Date _____

To the teacher: It is only necessary to complete this form once for any student applying to one or more of the above schools. Complete an original for each student by writing comments in each section. Consult with the student's parents regarding the school or schools to which the family is applying. **Feel free to photocopy your completed form and send it directly to the school(s).** The 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 your cooperation and candor.

When did you teach the student? Dates: from _____ to _____

LEARNING SKILLS — describe this student's:

1. Willingness to try new activities

2. Ability to focus on and complete a task

3. Ability to work in groups

4. Ability to work independently

PERSONAL SKILLS — describe this student's:

1. Attitude towards him/herself

2. Ability to resolve conflicts

3. Ability to develop friendships

4. Ability to use criticism for growth

GENERAL OBSERVATIONS

1. Describe this student's most important accomplishment in your classroom.

2. Describe the areas (academic or personal) most needing support or adult intervention.

3. Describe this student's social relationships in your school community.

4. Describe the family's contributions to the school community.

Signature		School
Your name (please print)		Full School address with zip code
Position		
Date	Phone	Is there additional information that can be better conveyed in a phone conversation? Yes / No

Additional copies of this form are available online at www.ebisaca.org