



THE MONTGOMERY ACADEMY

Confidential Teacher Recommendation Form

Must come from a current teacher in a core subject area

Grades 1-4

Applicant's Legal Name: _____ **Applicant for Grade:** _____

FIRST MIDDLE LAST

I understand that this recommendation is confidential and will not be made available for student or parent review.

Parent Signature: _____ **Date:** _____

The student whose name is indicated above has submitted an application for admission to The Montgomery Academy. Your candid estimate of his/her academic performance, intellectual promise, and qualities as a person, will help the Admissions Committee as we consider his/her application. Your comments will be held in strictest confidence. Please complete this form and return it to **Director of Admissions, The Montgomery Academy, 3240 Vaughn Road, Montgomery, AL 36106**. We sincerely appreciate the information you furnish us.

Principal or teacher: Your candid appraisal of this applicant will be of invaluable assistance in giving us a complete and fair evaluation.

Please assess the applicant according to their age level and place a check in the category that best describes the applicant.

ACADEMIC SKILLS	EXCELLENT	GOOD	FAIR	LIMITED	NO EVALUATION
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Math Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Grasp New Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL AND EMOTIONAL DEVELOPMENT

Peer Relations	<input type="checkbox"/> Role model	<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Relates poorly
Adult Relations	<input type="checkbox"/> Excellent	<input type="checkbox"/> Usually positive	<input type="checkbox"/> Occasional problems	<input type="checkbox"/> Shows little respect
Concern for Others	<input type="checkbox"/> Very considerate	<input type="checkbox"/> Considerate	<input type="checkbox"/> Usually considerate	<input type="checkbox"/> Rarely considerate
Attitude about School	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Personality	<input type="checkbox"/> Dynamic	<input type="checkbox"/> Pleasant	<input type="checkbox"/> Somewhat volatile	<input type="checkbox"/> Hostile/aggressive

WORK HABITS

Class Participation	<input type="checkbox"/> Joins in readily	<input type="checkbox"/> Sometimes contributes	<input type="checkbox"/> Wants to dominate	<input type="checkbox"/> Rarely contributes
Works in a Group	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Has difficulty	<input type="checkbox"/> Has great difficulty
Works Independently	<input type="checkbox"/> Consistently works well	<input type="checkbox"/> Needs help occasionally	<input type="checkbox"/> Needs help frequently	<input type="checkbox"/> Needs constant help
Completes Assignments in a Timely Manner	<input type="checkbox"/> Consistently	<input type="checkbox"/> Usually	<input type="checkbox"/> Needs additional time	<input type="checkbox"/> Has regular difficulty
Shows Initiative	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely
Follows Directions	<input type="checkbox"/> Easily and accurately	<input type="checkbox"/> Needs help sometimes	<input type="checkbox"/> Needs extra help	<input type="checkbox"/> Rarely
Attention Span	<input type="checkbox"/> Actively engaged	<input type="checkbox"/> Attentive	<input type="checkbox"/> Varying attention	<input type="checkbox"/> Needs direction often
Fine Motor Skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Please comment:

Area(s) in which the applicant excels: _____

Area(s) in which the applicant has the greatest needs: _____

Are absences excessive? Yes No

Are tardies excessive? Yes No

If yes, please comment: _____

Please check those parental support terms that are typical:

- Cooperative
- Appropriately interested in education
- Value child's uniqueness
- Follows through with suggestions
- Have realistic picture of child's ability

Please comment on degree and type of parental involvement: _____

THANK YOU FOR YOUR TIME AND EVALUATION OF THIS APPLICANT.

I have known the applicant for _____ years.

My relationship has been that of Current teacher Former teacher Other _____

Signature of person completing this form _____

Title _____ **Date** _____

If a student enrolls at The Montgomery Academy, we will request **official** cumulative records at that time.