



The Academy • AIM • The Athenian School • Aurora School • Bentley School • Berkwood Hedge School • Black Pine Circle School
The Berkeley School • The Berkeley Rose Waldorf School • Contra Costa Jewish Day School • Crestmont School • The Crowden School
East Bay School for Boys • East Bay Waldorf • Ecole Bilingue de Berkeley • Escuela Bilingue Internacional • Fountainhead Montessori • Grand Lake Montessori School
Head-Royce School • Mills College Children's School • Montessori Family School • Northern Light School • Orinda Academy • Pacific Boychoir Academy • Park Day School
Pear Tree Community School • Prospect Sierra School • Raskob School • Redwood Day School • The Renaissance International School • Rising Star Montessori
The SaklanSchool • Seven Hills School • Shu Ren International School • St. Paul's Episcopal School • Valley Montessori • Walden Center & School

Confidential Teacher Recommendation Form for Grades 1-8

NAME OF STUDENT _____ APPLYING FOR _____

To the parent/guardian: 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/guardian has signed above. We sincerely appreciate your cooperation and candor.

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 the 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 the student's most important accomplishment in your classroom.

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

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

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

There is additional information that can be better conveyed in a phone conversation.
Best hours to reach me are _____ at this phone number _____.

The form conveys the information I have to share about the student. It's okay to call me if you have questions.
Best hours to reach me are _____ at this phone number _____.

Please add any comments about this student not conveyed in the form. Please add any information about areas of concern.

All EBISA schools will abide by the confidentiality of this Recommendation Form

Signature		School
Print Name		Address
Position		City/State
Email		Zipcode
Date	Phone	When did you teach the student? From _____ to _____