



**CALVARY EPISCOPAL SCHOOL  
CALVARY EPISCOPAL COLLEGE PREPARATORY**



**TEACHER RECOMMENDATION FORM  
FIRST THROUGH TWELFTH GRADE**

I, \_\_\_\_\_, give permission to \_\_\_\_\_  
(Parent's Name) (School)  
for the release of confidential information regarding \_\_\_\_\_  
(Child's Name)

to **Calvary Episcopal School/Calvary Episcopal College Preparatory**, 1201 Austin, Richmond, Texas 77469. I understand that this information is confidential, will be used only in the admissions process, and will not become part of the candidate's permanent record. I understand and agree to waive all rights to review this form once received by **Calvary Episcopal School/Calvary Episcopal College Preparatory**.

\_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature

.....  
To the Teacher or School Principal/Director/Head: We appreciate your cooperation in completing this form. The items below ask for your evaluation of the student's relationship within the school community, emotional and social growth and intellectual development. Your insight will help us get to know the child. Thank you in advance for your assistance.

Student Name \_\_\_\_\_

Candidate is an applicant for Grade \_\_\_\_\_. I have known this candidate for \_\_\_\_\_ (years/months).

My relationship has been that of \_\_\_\_\_. Date \_\_\_\_\_

1. What are the first words which come to mind in order to describe this candidate?

\_\_\_\_\_  
\_\_\_\_\_

2. Social Development  
Please check one:

	<u>Seldom</u>	<u>Sometimes</u>	<u>Consistently</u>
Exhibits good conduct	_____	_____	_____
Is considerate of others	_____	_____	_____
Maintains good social relationships with peers	_____	_____	_____
Has the capacity to lead	_____	_____	_____
Has the capacity to follow	_____	_____	_____

	<u>Seldom</u>	<u>Sometimes</u>	<u>Consistently</u>
Emotional maturity is age appropriate	_____	_____	_____
Is self confident	_____	_____	_____
Is imaginative	_____	_____	_____
Cooperates well in a group	_____	_____	_____
Is responsible	_____	_____	_____
Gets along with adults	_____	_____	_____
Participates in extra curricular activities	_____	_____	_____
Respects property of others	_____	_____	_____
Positive influence on peers	_____	_____	_____
Works well independently	_____	_____	_____

3. Academic Skills

Please check one:

Exhibits good study habits	_____	_____	_____
Is self motivated	_____	_____	_____
Plans and uses time well	_____	_____	_____
Is intellectually curious	_____	_____	_____
Appropriate attention span	_____	_____	_____
Expresses ideas well orally	_____	_____	_____
Expresses written ideas well	_____	_____	_____
Works well in a group	_____	_____	_____
Completes assigned tasks	_____	_____	_____
Academically promising	_____	_____	_____
Has a variety of interests	_____	_____	_____
Prepared for class	_____	_____	_____
Follows oral directions	_____	_____	_____
Follows written directions	_____	_____	_____
Participates in class discussions	_____	_____	_____
Works well independently	_____	_____	_____
Exhibits a desire to learn	_____	_____	_____

4. Please describe the child's present level of performance in the following areas:

<b>Check one:</b>	Math	Reading
Below Grade Level	_____	_____
At Grade Level	_____	_____
Above Grade Level	_____	_____

5. Has the applicant ever been double promoted?  Yes  No  
If so, what grade? \_\_\_\_\_
6. Has he/she ever repeated a grade?  Yes  No  
If so, what grade? \_\_\_\_\_
7. Has the applicant ever been dismissed from school for any reason?  Yes  No  
If so, please explain \_\_\_\_\_  
\_\_\_\_\_
8. Has the applicant been in advanced classes?  Yes  No  
If so, what subject(s)? \_\_\_\_\_
9. Does the applicant have any academic problems?  Yes  No  
If so, in what areas? \_\_\_\_\_
10. Does the applicant have any clinically diagnosed learning disabilities?  Yes  No  
Please explain \_\_\_\_\_
11. Has additional special testing or tutoring been indicated at any point in the school?  
 Yes  No  
If "Yes," what grade, and in what area(s)? \_\_\_\_\_  
\_\_\_\_\_
12. Please comment on parent cooperation with the school: \_\_\_\_\_  
\_\_\_\_\_
13. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Recommendation

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Phone Number

Please return form to: **Calvary Episcopal School/Calvary Episcopal College Preparatory**  
**1201 Austin**  
**Richmond, Texas 77469**  
**Attn.: Director**