



**Confidential Teacher Recommendation Form
For Prospective 1st – 4th Grade Students**

This form should be signed by the parents and/or guardians and given to the student's current school.

I/We understand that we may not review this evaluation once completed and assure the evaluator and the school that I/we will not try to do so. I/We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission.

I/We understand that as parent(s)/guardian(s) I/we will not have access to this confidential information and that it will not become part of my/our child's permanent record.

First Parent/Guardian Signature _____ Date _____

Second Parent/Guardian Signature _____ Date _____

Full Name of Student _____ Entering grade _____

To the Current Teacher: Please complete both sides of this form and return it promptly to Community Partnership School. Failure to complete this form in a timely manner may jeopardize a prospective student's likelihood of gaining admission. Your comments will be held in strictest confidence. We value for your cooperation and assistance.

How long have you known the candidate and in what context? _____

Please list subject(s) taught, including level of difficulty _____

Please list textbook(s) used, if applicable _____

<u>Social/Emotional Development</u>		<u>Exceeds age expectations</u>	<u>Age appropriate</u>	<u>Needs development</u>	<u>No basis for judgment</u>
Cooperates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention skills, concentration, focus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original thinking, creativity of approach		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation, effort, drive		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently and productively		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well cooperatively / in groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits, organization, task completion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take risks, try new activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Academic Skill Development</u>		<u>Exceeds age expectations</u>	<u>Age appropriate</u>	<u>Needs development</u>	<u>No basis for judgment</u>
LISTENING	Receptive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING	Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING	For pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING	Organization of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity & Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING	Fluency, Clarity of Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH	Number Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spatial sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on each of the following regarding this student.

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and homework preparation.

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues

Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration

Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor

To your knowledge, are the parents/guardians in agreement with your view of the student? Yes No I do not know

Please describe the parent/guardian involvement in school events/activities.

Please describe this student's attendance/tardiness record.

Is there anything else that the school should know as this student is considered for admission?

Do you have any additional information that may be helpful in our evaluation of this student?

May we contact you for further information? Yes No

TEACHER'S NAME _____ TEACHING POSITION _____

SCHOOL NAME & ADDRESS _____

TELEPHONE _____ E-MAIL _____

SIGNATURE _____ DATE _____

**Thank you or taking the time to complete this evaluation.
Please return it to the school via email to admissions@cpsphilly.org**
Community Partnership School
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Philadelphia, Pennsylvania 19121
Phone: (215) 235-0461
admissions@cpsphilly.org