



VIRGINIA BEACH
FRIENDS SCHOOL

Knowledge. Character. Community.

Early/Lower School Teacher Recommendation

Student's Name _____

Your Name _____ Title: _____

Name of School _____

How long have you known the student? _____

In the following items, please circle the word or group of words which best describes the child.

- | | |
|---|--|
| 1. Shows a positive self-concept | rarely occasionally often most of the time |
| 2. Is cooperative | rarely occasionally often most of the time |
| 3. Is curious, investigative | rarely occasionally often most of the time |
| 4. Shows initiative, is independent | rarely occasionally often most of the time |
| 5. Is attentive for an appropriate length of time | rarely occasionally often most of the time |
| 6. Is interested in the learning activities in the classroom | rarely occasionally often most of the time |
| 7. Can accept constructive criticism in an appropriate manner | rarely occasionally often most of the time |
| 8. Shares with others | rarely occasionally often most of the time |
| 9. Respects the rights and property of others | rarely occasionally often most of the time |
| 10. Is considerate of others | rarely occasionally often most of the time |
| 11. Assumes responsibility for self | rarely occasionally often most of the time |
| 12. Uses good judgment | rarely occasionally often most of the time |
| 13. Uses self-control | rarely occasionally often most of the time |
| 14. Makes good use of time | rarely occasionally often most of the time |

- 15. Can follow oral directions appropriately rarely occasionally often most of the time
- 16. Can follow written directions appropriately rarely occasionally often most of the time
- 17. Uses vocabulary appropriate for age rarely occasionally often most of the time
- 18. Orally expresses thought and ideas with ease rarely occasionally often most of the time
- 19. Learns rapidly and easily rarely occasionally often most of the time

Please list the academic social, and emotional strengths and weaknesses (or concerns) of this student that you have observed during his time with you, peers, and special area teachers.

	Strengths	Weaknesses or Concerns
Academic		
Social		
Emotional		

Please list the name of the reading series and the mathematics materials to which the student has been exposed thus far this year.

Please add any information that will be helpful for us to know about this student

Thank you again for your time. Your feedback is an important part of the admissions process and is appreciated. If you have any questions or comments, please feel free to contact The Director of Admissions at 757-428-7534 Ext. 104

Signature

Date

Name

Email