



CONFIDENTIAL TEACHER RECOMMENDATION FORM

FULL NAME OF APPLICANT: _____ **GRADE APPLYING FOR:** _____

PARENT:

Kindly read & sign the below.

Submit this form to your child’s classroom teacher for completion.

- I understand and agree that the information contained in the recommendation is confidential.
- I also understand that this form will not be available to the applicant, parents or anyone outside the Clarion School Admissions Committee.
- I provide consent to Clarion School to reach out directly to the current school for clarification on the information in this form.
-

Signature of Parent: _____ Date: _____

TEACHER:

Please complete this form and return by email to admissions@clarionschool.com at your earliest convenience. Take note that this form should be treated as a confidential form between schools and will not be shared with parents.

SERVICES RECEIVED (check any that apply)				
	Hours per week	Push into classroom	Pull-out of classroom	Estimated date for exit
Academic support				
Gifted and Talented				
Speech / language				
Occupational Therapy				
Counseling				
English as a second language (ESL, ELL)				
Other (please specify):				

SPECIAL EDUCATION	Check
ADD	
ADHD	
Dyslexia	
Dysgraphia	
Behaviour Challenges	
Learning Difficulties	
Cognitive	
Physical	

Please comment on any support checked above (if ESL / ELL, please give level of current English proficiency):

Has a psych educational assessment of this child been requested? If so, please give details:

SOCIAL & EMOTIONAL			
	Occasionally	Frequently	Consistently
Respects and works cooperatively with others			
Works well independently			
Follows class rules			
Listens and follows directions			
Approaches problems positively and flexibility			
Participates actively in classroom discussions			
Organizes time and materials			
Assumes responsibility for classwork			
Assumes responsibility for homework			
Arrives to school on time			

Is there anything about the applicant or family that would be helpful for us to know?

Describe the student's relationship with his peers and adults:

Describe the student's Social/ Emotional areas of improvement:

Is there any family related circumstances the school should be aware of?

Please complete the tables below based on grade level expectations:

MATH				
	Below	Approaches	Meets	Exemplary
Computational skills				
Problem-solving skills				
Math facts				
Overall math ability				

Which Math Curriculum do you use? _____

Describe the student's mathematical areas of improvement:

READING				
	Below	Approaches	Meets	Exemplary
Reading fluency				
Reading comprehension				
Sustained independent reading				

Which English curriculum do you teach? _____

If applicable, please provide the name of reading assessment tools used in your school:

F&P: Most recent score / level: _____

DRA: Most recent score/ level: _____

WRITING				
	Below	Approaches	Meets	Exemplary
Usage of grammar, punctuation, spelling and capitalization				
Ability to organize writing in a logical manner				
Writes to communicate ideas and information effectively				

Describe the student's writing areas of improvement:

TEACHER RECOMMENDING STUDENT			
	With reservation	Fairly Strongly	Strongly
Character			
Academic ability			

TEACHER'S FULL NAME: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____