



### Confidential Teacher Recommendation Form for Applicants

Student's name: \_\_\_\_\_ Applicant for grade: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Date of this report (MM/DD/YY): \_\_\_\_\_

School: \_\_\_\_\_ School telephone number: \_\_\_\_\_

How long have you know this student and in what capacity? \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_ Caregiver's language(s) \_\_\_\_\_

Dominance (please circle one):    Right-handed    Left-handed    Not established

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#### PLEASE COMMENT:

1. Please comment on the child's physical development, i.e. visual, auditory (including frequency of ear infections), and general health.

2. Please comment on the child's language and speech development.

3. Please comment on the child's mathematical development, interests, and skills.

4. Please comment on the child's social/emotional development.

5. Please describe the child's work habits: pace, perseverance, independence, problem-solving, ability to work to completion and attitudes.

6. Please share any additional comments regarding the child.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Name/Title: \_\_\_\_\_

Thank you very much for your assistance. Your input will be kept confidential. Please complete, scan, and send your response to [director@delmaracademy.com](mailto:director@delmaracademy.com).