



Teacher Recommendation Form

Date: _____

Name of student: _____ Applicant for grade: _____

Your name: _____ Years I have known this student: _____

For Parents: I waive my right to have access to this form once it has been filled out and returned to Acera. I understand form will only be used for admissions purposes and will not become a part of my child's permanent file.

Parent's name: _____

Parent's signature: _____

To the Teacher:

Please fill out this form to the best of your ability. We highly value your opinion about classroom behavior. Any anecdotal comments you can share about this child will be greatly appreciated.

I am this student's (check all that apply): Classroom teacher Private tutor Music teacher
 Sports coach Other:

What are the first three words that come to mind to describe this child?

Describe your relationship with the student's parents.

What are this child's biggest strengths?

What are this child's biggest challenges?

Character and Personality	Advanced for Age	Appropriate for Age	Needs Development	Not at an Acceptable Level	Comments and Thoughts
Conduct					
Leadership					
Maturity					
Social relationships with peers					
Interactions with teachers					
Sense of humor					
Participation in school life					
Respect for others					

Integrity					
Creativity					
Concern for others					

Additional Comments:

Academic Traits	Advanced for age	Appropriate for age	Needs development	Not at an acceptable level	Comments and thoughts
Academic potential					
Academic achievement					
Self-motivation					
Effort/initiative					
Organizes self and materials					
Intellectual curiosity					
Ability to follow directions					
Ability to work independently					

Ability to express ideas orally					
Ability to express ideas in writing					
Demonstrates creativity					
Accepts criticism from adults					
Transitions easily from one activity to another					
Participation in whole group discussions					
Participation in small group work					
Accepts feedback from peers					
Willingness to take risks					

Additional comments:

Please feel free to include any additional information you might feel would help us get a more complete picture of this applicant. If you would prefer to speak on the phone, please let us know a good time to call.

Phone number: _____ Best time to call: _____

Name: _____ Signature: _____

Please return this form by mail to:

Acera School
5 Lowell Avenue
Winchester, MA 01890

Attn: Admissions

Or by email to: admissions@aceraschool.org

