



TEACHER RECOMMENDATION

Dear Administrators and Teachers,

We appreciate your willingness to complete the attached teacher recommendation – a key component in the admissions process. Your perspective provides a fuller picture of the applicant and is considered with the understanding that young children are constantly changing and developing.

This form is CONFIDENTIAL and should be returned in a sealed envelope directly to:

Lauren E. Janes
Director of Community Engagement
St. Peter School
422 3rd Street SE
Washington, DC 20003

Thank you for your time, commitment and valuable insight acquired through direct experience with this student. If you have any questions about our application process, please feel free to contact our school office at 202-544-1618.

Sincerely,

Karen Clay
Principal



The Key to Educational
Excellence Since 1868

Teacher Recommendation

Grades 2 - 7

Name of Student _____ D.O.B. ___ / ___ / ___

Application for Grade _____ I have known this candidate for _____ years/months.

My relationship has been that of _____, from _____ to _____.

Your recommendation provides a fuller picture of the applicant and is considered with the understanding that children are constantly changing and developing. Thank you for your assistance.

Please check one response for each category and comment.

					Comments
Conduct	<input type="checkbox"/> Good	<input type="checkbox"/> Usually good	<input type="checkbox"/> Occasional misconduct	<input type="checkbox"/> Frequent disruption	
Consideration	<input type="checkbox"/> Thoughtful	<input type="checkbox"/> Usually considerate	<input type="checkbox"/> Inconsiderate	<input type="checkbox"/> Unkind	
Peer relationships	<input type="checkbox"/> Healthy	<input type="checkbox"/> Occasional issues	<input type="checkbox"/> Relates poorly		
Leadership	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Very immature	
Social/emotional	<input type="checkbox"/> Very mature	<input type="checkbox"/> Average	<input type="checkbox"/> Somewhat mature	<input type="checkbox"/> Poor	
Self-confidence	<input type="checkbox"/> Healthy self-image	<input type="checkbox"/> Needs support	<input type="checkbox"/> Overly confident	<input type="checkbox"/> Poor self-image	
Sense of humor	<input type="checkbox"/> Highly developed	<input type="checkbox"/> Good	<input type="checkbox"/> Poorly developed		
Integrity	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Not trustworthy			
Responsibility	<input type="checkbox"/> Very	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	
Relationship with adults	<input type="checkbox"/> Respectful/comfortable	<input type="checkbox"/> Avoids contact	<input type="checkbox"/> Dependent		

Please place a checkmark in the boxes to the right or left to indicate gradations.

	Excellent	Good	Fair	Poor	Comments
Study habits					
Self-motivation					
Organization of work/time					
Intellectual curiosity					
Attention span					
Expresses ideas orally					
Follows directions					
Works in a group					
Works independently					
Perseverance					
Academic promise					
Academic achievement					
Attendance					
Parent cooperation					
Parent involvement					

What are the first words that come to mind when describing this student?

What do you know of the student's special interests?

Please comment on the student's personal characteristics. Include comments on his/her personality, maturity, confidence, sense of humor, strengths and weaknesses. Please use a separate sheet of paper as needed for this or any other question. Your written comments are especially helpful. Thank you!

Signature

Print name

School

Contact Information

St. Peter School

422 Third Street, SE • Washington, DC 20003

P: 202.544.1618 • F: 202.547.5101 • www.stpeterschooldc.org