



MATH TEACHER RECOMMENDATION

Student's name: _____

Grade: _____

Teacher's name: _____

Subject: _____

This student is an applicant to the Lake Champlain Waldorf School. Please complete this questionnaire to assist us in determining whether we can meet the needs and abilities of the student. The information you provide will be kept confidential. Thank you for your assistance.

Please rate the student in relation to others in his or her age group.

	Excellent	Good	Fair	Needs Improvement	Don't Know
Problem solving	<input type="radio"/>				
Procedural skills	<input type="radio"/>				
Communication	<input type="radio"/>				
Creativity	<input type="radio"/>				
Leadership	<input type="radio"/>				
Academic motivation	<input type="radio"/>				
Perseverance	<input type="radio"/>				
Integrity	<input type="radio"/>				
Study habits	<input type="radio"/>				
Ability to work independently	<input type="radio"/>				
Concern for others	<input type="radio"/>				
Ambition to improve	<input type="radio"/>				
Class participation	<input type="radio"/>				
Relationship to adults	<input type="radio"/>				
Self-confidence	<input type="radio"/>				

How would you characterize the student academically, socially, and as an individual?

What are the student's strengths?

In what areas does the student need to improve?

Additional thoughts and comments are welcome.

How would you recommend this student for the Lake Champlain Waldorf School?

enthusiastically strongly without reservations with reservations not at this time

Signature: _____ Date: _____

Thank you!

Please return to: Lake Champlain Waldorf School Admissions Office, 359 Turtle Lane, Shelburne, VT 05482
Phone: 802-985-2827 ext 12 Fax: 802-985-2834 E-Mail: info@lakechamplainwaldorfschool.org