



Teacher Recommendation

Student's name _____ Grade _____

Teacher's name _____ Subject _____

This student is an applicant to the Lake Champlain Waldorf High 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.

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?

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

	Excellent	Good	Fair	Needs improvement	Don't know
Creativity	<input type="checkbox"/>				
Leadership	<input type="checkbox"/>				
Academic motivation	<input type="checkbox"/>				
Perseverance	<input type="checkbox"/>				
Integrity	<input type="checkbox"/>				
Study habits	<input type="checkbox"/>				
Ability to work independently	<input type="checkbox"/>				
Concern for others	<input type="checkbox"/>				
Oral expression	<input type="checkbox"/>				
Clarity of writing	<input type="checkbox"/>				
Reading comprehension	<input type="checkbox"/>				
Ambition to improve	<input type="checkbox"/>				
Class participation	<input type="checkbox"/>				
Relationship to adults	<input type="checkbox"/>				
Self-confidence	<input type="checkbox"/>				

Additional thoughts and comments are welcome.

I recommend this student for the Lake Champlain Waldorf High School:

enthusiastically strongly without reservations with reservations not at this time

Signature _____ Date _____

Mail to: Lake Champlain Waldorf School Admissions Office
359 Turtle Lane, Shelburne, VT 05482
Phone 802-985-2827 ext 12 Fax: 802-985-2834