



## Waldorf School of Cape Cod

### Teacher Recommendation Grades 1-5

*Parents: Please fill in your child's name and give this form to your child's lead teacher for completion.*

***Teacher: Please complete this form and mail or fax it to the address at the bottom of the page as soon as possible.***

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

	<i>Exceeds Expectations</i>	<i>Meets Expectations</i>	<i>Does Not Meet Expectations</i>
Classroom participation	_____	_____	_____
Ability to work independently	_____	_____	_____
Ability to follow instructions	_____	_____	_____
Interaction with peers	_____	_____	_____
Interaction with teacher and other adults	_____	_____	_____
Ability to articulate questions and formulate responses	_____	_____	_____
Completion of assignments	_____	_____	_____
General behavior	_____	_____	_____
Proficiency in math	_____	_____	_____
Proficiency in language arts	_____	_____	_____

Please describe this student.

Is there anything else you would like to tell us to assist in the placement process?

Signature \_\_\_\_\_ Date \_\_\_\_\_