



Centers of Learning

8854 Haskell Avenue
North Hills, CA 91343

TEACHER RECOMMENDATION FORM

_____ has applied for admission to Centers of Learning. Would you please complete
(applicant's name)
this evaluation form and return it to the Admissions Office as soon as possible. You may call or write us if you would like to make additional comments. The information you provide is considered confidential.

Grade: K 1 2 3 4
circle one

ACADEMIC PROGRESS

| O = Outstanding S = Satisfactory | NI = Needs Improvement NA = Not Applicable | O | S | NI | COMMENTS |
|-------------------------------------|---|---|---|----|----------|
| READING: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| LANGUAGE: | | | | | |
| | | | | | |
| | | | | | |
| SPELLING: | | | | | |
| | | | | | |
| | | | | | |
| MATHEMATICS: | | | | | |
| | | | | | |
| | | | | | |

SOCIAL & WORK HABITS

| | O | S | NI | COMMENTS |
|-------------------------------------|---|---|----|----------|
| USES TIME WISELY | | | | |
| FOLLOWS DIRECTIONS | | | | |
| WORKS ACCURATELY | | | | |
| BENEFITS FROM ERRORS | | | | |
| WORKS NEATLY | | | | |
| WORKS INDEPENDENTLY | | | | |
| CAREFUL USE OF PROPERTY & MATERIALS | | | | |
| WORKS WELL IN THE GROUP | | | | |
| ACCEPTS CRITICISM | | | | |
| RELATES TO PEERS | | | | |
| RELATES TO ADULTS | | | | |
| FOLLOWS SCHOOL RULES | | | | |
| FAMILY SUPPORTIVE OF YOUR PROGRAM | | | | |
| ATTENDANCE AT SCHOOL | | | | |

TEACHER'S NAME: _____ DATE: _____

SCHOOL: _____