

CONFIDENTIAL TEACHER RECOMMENDATION FORM

To the teacher or school administrator: This student has applied for admission to the Bishop John T. Walker School for Boys. Your reflections and comments are important components of the student's application. This recommendation will remain confidential and will not become part of the student's permanent file. When you have completed it, please send it to the Bishop John T. Walker School with your signature across the envelope's seal. Please do not return to student's parent/guardian.

Name of Student:	Current Grade:
Current School:	Applying to Grade:
Parent's Name:	Phone number:
Parent's Email:	
1. How many months/years have you known the studen	t?
2. Are you his primary teacher? Yes If no, please describe your relationship with the stude	No ent
3. What are the first three (3) words that come to mind v	when describing this student?
a b	c
4. Please describe the child's reading skills:	
Math skills:	
5. As far as you know has the student received any special behavior? Yes No If yes , please elaborate	
6. As far as you know, has this child ever been retained?7. How involved is the applicant's parent/guardian in the	·



8. Please mark the appropriate column for the following.

	Advanced for Age	Appropriate for Age	Needs Development	Not at Acceptable Level	Comments
ACADEMIC					
DEVELOPMENT					
Works independently					
Shows curiosity					
Follows directions					
Shows creativity					
Participates in class					
Able to work in a group					
Express thoughts well					
SOCIAL					
DEVELOPMENT					
Responds well to					
corrections					
Is courteous					
Shows respect to peers					
Shows respect for adults					
Demonstrates self-control					
Can be a friend					
PHYSICAL					
DEVELOPMENT					
Small motor skills					
Large motor skills					
Speech development					
PERSONAL					
ABILITIES					
Displays self-confidence					
Is responsible					
Displays emotional					
stability					
Exhibits sense of humor					
Seeks help when needed					
Is even tempered		1	1		
Submitted by:				Date:	

Submitted by:		Date:
Phone number:	Email:	

Please send Teacher Confidential Recommendation Form to:

Admissions

Bishop John T. Walker School for Boys

1801 Mississippi Ave., SE Washington, DC 20020 Phone: 202.678.1515 Fax: 202.591.3061 Email: admissions@bishopwalkerschool.org