



Teacher Recommendation
First Grade - Fourth Grade

Name of Student _____ Current Grade _____

My child is a candidate for admission to The Wood Acres School. I authorize the release of this confidential recommendation as part of the admission process. The recommendation will be held in strictest confidence and will not be shared with students, parents or guardians. The recommendation will remain confidential and will not become part of the student's transcript. Upon completion, the recommendation should be mailed to the Admissions Office directly from the evaluator.

Parent Signature _____ Date _____

Name of Teacher _____ Grade Taught _____

School _____ Telephone _____

Address, City, State & Zip _____

Are you currently this student's teacher? _____ Dates Attended _____

How long and in what capacity have you known the student? _____

What subject or subjects did you teach this student? _____

Comment on the student's academic strengths _____

Comment on the student's academic weaknesses _____

To your knowledge, is the student receiving tutoring or additional private educational services?

Has the student been the subject of disciplinary action? If yes, please explain circumstances.

Describe parental involvement. _____

Academics	Of Concern	Satisfactory	Excellent	Outstanding
Phonics and decoding				
Reading comprehension				
Spelling ability				
Vocabulary skills				
Written composition skills				
Grammar and mechanics				
Fluency and oral expression				
Mathematical computation				
Mathematical problem solving				
Attitude towards school				
Attention span				
Memory and retention				
Class participation				
Direction taking				
Study habits				
Summary as a student				

Personal & Social Traits	Of Concern	Satisfactory	Excellent	Outstanding
Concern for others				
Cooperation with adults				
Cooperation with peers				
Creative qualities				
Emotional maturity				
Honesty				
Independence				
Leadership				
Motivation				
Respectfulness				
Responsibility				
Self-confidence				
Self-control				

Signature of Teacher _____ Date _____

Head of School – Please complete the following:

Is this family in good financial standing with the school? Yes ___ No ___

Has this family been supportive of the school and school activities? Yes ___ No ___

Head of School Signature _____ Date _____

Please return recommendation by email, fax or mail to:

The Wood Acres School 1772 Johnson Ferry Road, Marietta, GA 30062

Phone: (770) 971-1880 Fax: (770) 321-5054 Email: admissions@woodacresschool.org

