



Teacher Recommendation
Fifth Grade – Eighth 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 Admission Office of the 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? _____

Curriculum used: _____

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. _____

Academic Readiness	Of Concern	Satisfactory	Excellent	Outstanding
Grammar and mechanics				
Reading comprehension				
Written comprehension skills				
Mathematical problem solving				
Mathematical computation				
Attitude towards school				
Study habits				
Summary as a student				

Personal & Social Traits	Of Concern	Satisfactory	Excellent	Outstanding
Attentiveness				
Confidence				
Cooperation				
Creativity				
Effort				
Flexibility				
Initiative				
Organization				
Participation				
Preparedness				
Productivity				
Respect				
Self-Discipline				
Tolerance				
Service to others				

Additional Comments: _____

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 ___
 Has the student had behavioral issues which required administrative intervention? Yes ___ No ___

Comments: _____

Head of School Signature _____ Date _____

Please return recommendation by email or mail to:
 The Wood Acres School 1772 Johnson Ferry Road, Marietta, GA 30062
 Phone: (770) 971-1880 Email: admissions@woodacresschool.org