



TEACHER RECOMMENDATION FORM

For Applicants to Second through Fifth Grades

Dear Parents:

Please complete this form and give it to your child's present teacher.

Child's Name _____
(Last) (First) (Preferred)

Grade applying for _____ School Year _____

Dear Teacher:

The parents of the child named above have made application for him/her to attend Salisbury Academy. We would appreciate your returning this completed form to us at your earliest convenience. This form provides one way for us to get to know the child, but it is reviewed with the full awareness that young children are constantly changing and developing. If you note any major changes in your observations of the child in the ensuing weeks/months, please do not hesitate to contact us. Please know that we place particular value on your comments in each area.

CONFIDENTIAL

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

In relation to others in the applicant's grade level whom you have known, please rate the applicant by checking the appropriate spaces:

	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic Potential	_____	_____	_____	_____	_____
Academic Achievement	_____	_____	_____	_____	_____
Study Habits	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Perseverance	_____	_____	_____	_____	_____
Intellectual Curiosity	_____	_____	_____	_____	_____
Responsibility for Homework	_____	_____	_____	_____	_____
Ability to Work Independently	_____	_____	_____	_____	_____
Ability to Listen and Follow Directions	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____
Sense of Humor	_____	_____	_____	_____	_____
Personal Integrity	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____

Self-Image _____
Relationship to Peers _____
Relationship to Adults _____

	Excellent	Good	Average	Below Average	No Basis for Judgment
Respect to Authority	_____	_____	_____	_____	_____
Respect to Criticism	_____	_____	_____	_____	_____
Conduct and Discipline	_____	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____	_____

All things considered, how would you rate the applicant?

	Excellent	Good	Average	Below Average
As a Student?	_____	_____	_____	_____
As a School Citizen?	_____	_____	_____	_____

What do you consider to be this student's greatest assets or strengths?

What are the greatest challenges this applicant faces as a student and school citizen?

Your name (please print) _____
Title First Middle Last

School _____

School Address _____
Street City State Zip

Class (or age) Taught _____

Days per Week _____ Hours per Day _____ Size of Group _____

Signature _____ Phone _____ Date _____

If you have any questions or comments, please contact the Director of Admissions.
Thank you for your cooperation in helping us with our admission process.

Please return this form to: Salisbury Academy/Admissions
2210 Jake Alexander Blvd., North
Salisbury, NC 28147
Ph.: (704) 636-3002
Fax.: (704) 636-0778