

RECOMMENDATION FORM

Teacher, 2nd-8th grade



Student name _____ Applicant for grade _____

Current school _____

School address _____

Teacher's name _____ Phone _____

The child named above has applied for admission to Stevens Cooperative School. In order to best serve this child and family, we would appreciate your cooperation answering the following questions. This information will remain confidential and is never shared with parents. Thank you for your time and insights. Please return this form to Stevens Cooperative School no later than January 15th.

What are the first words that come to mind when thinking about this child?

How would you describe this child's learning style?

How does this child relate to adults?

How does this child relate to children?

Does this child have any learning or behavioral difficulties?

How long have you known this child?

Does the child usually choose a large group, a small group or individual time?

If this child has been tested please attach a copy of the most recent test.

Please check one box for each of the following attributes:

Developmental Skills	Area of Strength	Age Appropriate	Area for Improvement
Self Esteem			
Acceptance of Limits			
Ability to work independently			
Internalization of classroom routine			
Separation from parents/caregivers			
Ability to share			
Respect for property			
Accepts responsibility for actions			
Frustration tolerance			
Sense of humor			
Curiosity			
Attention span			
Cooperative attitude			
Makes transitions easily			
Small motor skills			
Large motor skills			
Gross motor skills			
Follows directions			
Read for pleasure			
Comprehends factual material			
Vocabulary			
Creative writing			
Expository writing			
Participates in class discussions			
Grasps math facts			
Accepts math challenges			
Responsible with homework			

Signature of Teacher

Date of Request

Please complete and send to: Stevens Cooperative School, Admissions Office, 100 River Drive S., Jersey City, NJ 07310