

Teacher Recommendation

Parent: Please fill out the top portion, then give this form to your child's current or most recent teacher (or principal) along with a stamped envelope addressed to Elementary School Admissions (address at bottom of page). Please request that the teacher return this form within one week to expedite your application.

Student name: _____ Applying to grade: _____

I understand that this recommendation is an important part of the application process and will be mailed directly from the student's current or most recent teacher to the Elementary School at Chewonki. The information in this recommendation will be kept completely confidential, therefore it will not be available to the family or applicant.

Parent signature: _____ Date: _____

Dear Teacher or School Principal,

The above student is applying to the Elementary School at Chewonki. This school offers motivated students a challenging, academic, and energetic learning environment on the Chewonki campus. The school's place-based program is designed to meet each student where they are, academically, developmentally, and socially. **The Elementary School at Chewonki is not appropriate for students experiencing sustained emotional or academic difficulties.** Students are expected to come to school:

- with a positive attitude and ready to learn
- able to follow instructions
- able to work independently at grade level
- able to function within a group and collaborate with small partner groups
- capable of making transitions smoothly
- able to respond to redirection when necessary

Students will spend a good portion of every school day outside in all seasons. Classes incorporate many Chewonki activities and resources (farm, wildlife lab, outdoor skills, kitchen, music, sports, group challenges) into their daily schedule and academics.

Your recommendation is an important part of our evaluation of this student, and we appreciate your thoughtful and candid assessment. Your comments and this form will be kept confidential.

Recommendation being completed by: _____

Position: _____ School: _____

Best way to contact you if we have questions: _____

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

Please rate this student compared to all students of this age whom you have taught or advised.

Academic Skills	Excellent	Good/above average	Average	Below average	No basis for comparison
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments regarding this student's academic skills.

Social/Emotional	Excellent	Good/above average	Average	Below average	No basis for comparison
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments regarding this student's social and emotional skills.

Other Skills	Excellent	Good/above average	Average	Below average	No basis for comparison
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments regarding this student's other skills.

I recommend this student (please circle one):

Enthusiastically / Confidently / With some reservation / With considerable reservation / Not at all

Signature: _____ Date: _____