



Office of Admissions
English Teacher Reference

Name of Student _____ Present Grade _____
 School _____ Date _____
 Address _____ Phone _____

Your name (print) _____

How long and in what context have you been working with this student? _____

What are the first words that come to your mind to describe this student? _____

| Please evaluate this student's performance in the following areas: (check appropriate box) | | Performance above grade level | Performance consistent with grade level | Performance below grade level |
|---|--|-------------------------------|---|-------------------------------|
| Vocabulary | Oral | | | |
| | Written | | | |
| Writing | Sentence structure | | | |
| | Clarity of style | | | |
| | Ability to organize ideas in a logical sequence | | | |
| | Spelling | | | |
| | Punctuation | | | |
| Reading | Speed | | | |
| | Accuracy | | | |
| | Capacity for drawing appropriate inferences | | | |
| | Ability to move from literal to figurative interpretations | | | |

How does this student's overall performance relate to his/her ability?

Describe this student's class participation:

Please rate the student on a scale from 1 to 5 in the following areas:

| | Poor 1 | 2 | 3 | 4 | Outstanding 5 | Comments: |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| Academic potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Effort & perseverance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Study habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Quality of homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Timeliness of homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ability to work independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Use of time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ability to follow directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Attention span | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Classroom conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Takes responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cooperation of parents Or guardian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Please comment on the student's intellectual curiosity:

Please comment on the originality and creativity of the student's work:

Please comment on the student's academic integrity and honesty:

Please comment on the student's character and relationship to peers:

In lieu of the questions or checklist above, please feel free to describe in your own words your observation of the student socially, developmentally, and academically on an extra sheet if necessary.

What do you perceive as this student's greatest strength in English?

What do you perceive as this student's greatest need in English?

Teacher's Signature

Date

Thank you for your time in completing this form. Please make a copy for your records and return a copy to Kimberton Waldorf School Admissions Office.