

Star Kids Scholarship Program

\*\*\*P.O. Box 6214, Middletown, RI 02842\*\*\*(401)293-0676\*\*\*

**Teacher Recommendation Form**

*This form must be filled out by the student's CURRENT teacher.*

Student \_\_\_\_\_

Date of birth \_\_\_\_\_

Current Grade \_\_\_\_\_ Current Class Size \_\_\_\_\_

Name of teacher \_\_\_\_\_

Current School \_\_\_\_\_

School Phone \_\_\_\_\_

School Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**TO THE TEACHER:** *We greatly value the perspectives of the educators who work with our candidates on a daily basis. Your candid observations and descriptions are reviewed with the full awareness that young children are constantly changing and developing. Your responses on this form will be kept in confidence and used for admissions purposes only. We strongly encourage the inclusion of any mid-year evaluations or standardized test scores that have been provided to parents. These materials will be used to make a thoughtful enrollment decision.*

**CLASSROOM CHARACTERISTICS**

*Please check somewhere along the continuum*

WITH STRENGTH SELDOM SOMETIMES OFTEN CONSISTENTLY

SOCIAL SKILLS

Respects classroom rules..... \_\_\_\_\_

Exhibits self control..... \_\_\_\_\_

Express ideas appropriately..... \_\_\_\_\_

Assumes responsibility for own actions..... \_\_\_\_\_

Works cooperatively with peers..... \_\_\_\_\_

*Please check somewhere along the continuum*

SELDOM    SOMETIMES    OFTEN    CONSISTENTLY

WORK HABITS

Stays focused in a large group setting.....

Works cooperatively in a group.....

Works well independently.....

Completes tasks on time.....

Follows written directions.....

APPROACH TO LEARNING

Enjoys new activities.....

Seeks out help when needed.....

Shows initiative.....

Is curious and eager to learn.....

Puts best effort into work.....

ACHIEVEMENT AND APTITUDE

Please comment on this candidate's level of progress and achievement in the following areas:

READING \_\_\_\_\_

SPELLING \_\_\_\_\_

HANDWRITING \_\_\_\_\_

WRITTEN EXPRESSION \_\_\_\_\_

SOCIAL  
STUDIES \_\_\_\_\_

SCIENCE \_\_\_\_\_

ART AND  
MUSIC \_\_\_\_\_

COMPUTER \_\_\_\_\_

FOREIGN  
LANGUAGE \_\_\_\_\_

ATHLETICS \_\_\_\_\_

If there is ability grouping in your program, please indicate the candidate's level in:

**Reading:** High \_\_\_\_ Medium \_\_\_\_ Low \_\_\_\_      **Math:** High \_\_\_\_ Medium \_\_\_\_ Low \_\_\_\_

**Standardized Testing:** Has this student taken any standardized tests: Yes \_\_\_\_ No \_\_\_\_ Please attach any test scores.

**Overall Comment:** Please supplement your responses with narrative description, information or attachments that would help us know this candidate. We encourage you to note any strengths or weaknesses and whether you have adjusted your program to accommodate the abilities or needs of this student.

**Parent Information:** Please characterize the parent cooperation and support for this child's school experience.

**Teacher's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_

Please list your number(s) if you would prefer to discuss this candidate by telephone:

DAY \_\_\_\_\_ EVE \_\_\_\_\_

**PLEASE SEND THIS FORM DIRECTLY TO: Star Kids Scholarship Program**  
P.O. Box 6214  
Middletown, RI 02842  
Phone/Fax: 401-293-0676