(732) 530-1343



Bak Hill Academy 347 Midd.-Lincroft Rd. Lincroft, NI 07738

TEACHER RECOMMENDATION FORM (Grades 1-4)

The following student has applied for admission to our school. We would appreciate your honest evaluation as an aid in our acceptance process. All information will be held in strict confidence. Please mail this form directly to Oak Hill Academy at the address listed above.

Child's Name	Date				
Present School	Town				
Teacher	Present Grade				
CLASSROOM BEHAVIOR	Always	Most Times	Sometimes	Rarely	Never
Follows rules willingly					
Listens to directions					
Impulsive / disruptive					
Exercises self-control					
GROUP PARTICIPATION	Always	Most Times	Sometimes	Rarely	Never
Teases other children					
Has foresight regarding behavior (i.e., thinks before acts)					
Acts without displaying exaggerated emotional responses (e.g. excessive crying, fearfulness, uncontrolled laughter, temper tantrums, etc.)					
Displays good courteous behavior					
Works cooperatively with others					
Respects the rights and property of others					
Is sensitive to the feelings of others					
WORK HABITS and ABILITIES					
Makes good use of time					
Plans and organizes					
Works neatly					
Completes tasks					
Works independently					

Please answer the following as completely as possible. (Use back side for answers.)

- 1. Has the child developed adequate gross motor and fine motor skills for his/her age? Please provide an example of this development.
- 2. Does the child speak clearly and listen attentively? Does he/she remember and follow simple instructions for steps in a learning activity, for daily routine, for safety?
- 3. May we please have your candid opinion relative to this child's anticipated adjustment (emotional, social, academic) to his/her next grade level.
- 4. If there have been numerous absences, please comment.