



Teacher Recommendation

To be completed by the parent:

Please complete the top section of this form and deliver it to your child's current or most recent teacher. Notify the teacher that our application deadline is **February 15, 2019**.

.....
Student's name

.....
Current grade

My child is applying for admission to The Waldorf School of Atlanta. I give permission for the release of the following information concerning my child. I understand that this recommendation is confidential and hereby waive my rights to review its contents.

.....
Parent's name

.....
Signature

.....
Phone number

.....
Date

To be completed by the teacher:

Please complete Section A for preschool and kindergarten-aged children. For children in elementary or middle school, complete Section A *and* Section B. We appreciate your thoughtful and candid evaluation. All information supplied by you is confidential. We are mindful that children are continuously developing and changing. Thank you for your time.

.....
Teacher's Name

.....
Position

.....
School

.....
Phone number

How long have you known the student? _____ What grades(s) did you teach him/her? _____

Section A

Please comment on the following:

1. Relationships with adults

2. Relationships with peers

3. Participation in groups

4. Independence

5. Initiative

6. Transition from one activity to another

7. Self-esteem

8. Ability to handle conflicts

9. Areas in which child needs help

10. Strengths and personality traits

Section B (for elementary and middle school students only)

Please list below the various texts and grade levels where appropriate.

Reading

Language arts

Math

Additional comments

Teacher's signature

Date

May we contact you for more information?

If so, best time to call:

Please return this form to:

Stacey Alston, Enrollment Director

The Waldorf School of Atlanta, 827 Kirk Road, Decatur, Georgia 30030

phone 404-377-1315 *fax* 404-377-5013