

Teacher Recommendation

For Students Entering Good Shepherd Lutheran School

To Be Filled Out by Parent/Guardian:				
Name of Applicant:				
	last first		middle	
Present Date	esent Date Applying for grade		Date of birth	
m/d/y				m/d/y
I hereby authorize the release of the information on this form concerning my child, applying for admittance to Good Shepherd Lutheran School. I understand that I will not have access to this confidential information.				
Parent's/Guardian's Signature				
To the Teacher: The above named student has applied for admission to our school. We ask that you complete and return this form to Good Shepherd Lutheran School by Please make any additional comments. We assure you that all information will be kept confidential.				
Please circle the best choice.				
1. Academic potential:	limited	fair	good	outstanding
2. Academic achievement:	considerably below	as expected	better than test expectations	far above expectations
3. Effort/Motivation:	limited	sporadic	usually good	maximum
4. Study habits:	poor	fair	good	excellent
5. Ability to work in groups:	has great difficulty	sometimes has difficulty	usually effective	consistently works well
6. Ability to work independently:	needs much help	needs help frequently	needs help occasionally	consistently works well
7. Curiosity:	little	occasional	consistent	marked
8. Ability to express ideas orally:	limited	has some difficulty	good	exceptional
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1180 Lynwood Drive Novato, CA 94947-4686 Office: 415/897-2510 Fax: 415/892-0663 goodshepherdlutheran.org Date:

School Phone:

Grade taught this applicant: .