



St. Martin's Lutheran School of Annapolis Teacher Recommendation Form: Grades 3rd – 8th

Name of Student _____ Current School _____ Present Grade _____
 Name of Teacher _____ Subject Area _____ Honors Standard _____

I have known this student for _____ Years _____ Months Attendance is Regular Not Regular

Academic Ability	Outstanding	Above Average	Average	Below Average
Verbal Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Grasp New Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this child's academic strengths and weaknesses.

Classroom Performance	Outstanding	Above Average	Average	Below Average
Classroom Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Written Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<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"/>
Preparation for Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this child's learning style. Please also note any special needs and any observed discrepancies between academic ability and classroom performance.

School Behavior	Outstanding	Above Average	Average	Below Average
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in Group	<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"/>
Response to Suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<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"/>
Preparation for Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Personal Abilities	Outstanding	Above Average	Average	Below Average
Maturity for Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity for Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this student's social and emotional development.

Please circle the words that best describe this student:

Aggressive	Passive-Resistant	Responsible	Organized	Assertive	Passive
Irresponsible	Self-Disciplined	Follower	Social	Popular	Distractible
Independent	Loner	Energetic	Distracting	Positive Leader	Articulate
Disobedient	Confident	Negative Leader	Perfectionist	Manipulative	Motivated
Humorous	Vivacious	Restless	Conscientious	Anxious	Cheerful
Self-Centered	Compassionate	Honest	Irritable	Discouraged	Dishonest
Impulsive	Easily-Frustrated	Kind	Well-Liked	Other: _____	

Please note any special attributes of this student that would help us to better understand him or her (e.g., English as a second language, special talent in arts or athletics, etc.).

Please describe the parents' relationship with teachers and the school.

Would you be willing to discuss this child by phone if we have questions? Yes No

Evaluator's Name: _____

Content Area: _____

Email Address: _____

Phone Number: _____

Signature: _____

For School Administrator

Has the family satisfied all financial obligations?

_____ Yes _____ No

Administrator's Initials: _____

Please Return To: St. Martin's Admissions Office
(410) 269-1955
schooloffice@stmartinsonline.org