



## Grades 1-8 Confidential Recommendation Form

I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to The Co-op School, to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature \_\_\_\_\_

Second Parent/Guardian Signature \_\_\_\_\_

Name of Student \_\_\_\_\_ has applied for grade \_\_\_\_\_

**To the Evaluator:** Please complete this form and send it to The Co-op School. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known the candidate and in what connection? \_\_\_\_\_

Please list subject taught, including level of difficulty \_\_\_\_\_

Please list the textbook(s) or programs used, if applicable \_\_\_\_\_

### Student's Social/Emotional Development

	Exceeds age expectations	Age Appropriate	Needs Development	No Basis for Judgement
Sense of responsibility				
Consideration for others				
Peer relationships				
Emotional maturity				
Self-confidence				
Self-control				
Relationship with adults				

**Student's Academic Performance**

**Student Name** \_\_\_\_\_

	Exceeds age expectations	Age Appropriate	Needs Development	No Basis for Judgement
Attention skills, concentration, focus				
Original thinking, creativity of approach				
Self-motivation, effort, drive				
Ability to work independently and productively				
Follows directions				
Seeks help when needed				
Works well cooperatively / in groups				
Study habits, organization, task completion				
Willingness to take risks, try new activities				
Participation in class discussion				
Fine motor development				
<b>LISTENING</b> receptive language skills				
<b>READING:</b> Decoding				
comprehension				
for pleasure				
<b>Writing:</b> mechanics				
spelling				
organization of ideas				
creativity and imagination				
<b>SPEAKING:</b> fluency, clarity of expression				
<b>Math:</b> sense of number				
computation				
problem-solving				
spatial sense				

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please comment on each of the following regarding this child**

**Student Name** \_\_\_\_\_

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and homework preparation \_\_\_\_\_

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace \_\_\_\_\_

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues \_\_\_\_\_

Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration \_\_\_\_\_

Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor \_\_\_\_\_

To your knowledge, are the parents in agreement with your view of the student?  Yes  No  Don't Know

Is there anything else that the schools should know as this student is considered for admission? \_\_\_\_\_

Do you have any additional information that may be helpful in our evaluation of this student? \_\_\_\_\_

May we contact you for further information?  Yes  No

TEACHER'S NAME \_\_\_\_\_

POSITION \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Thank you for taking the time to complete this evaluation.

Please email to: Deanna Bocchetti [deanna@thecoopschool.org](mailto:deanna@thecoopschool.org)

or

Mail to: The Co-op School  
Attn: Deanna Bocchetti  
644 Gates Avenue  
Brooklyn, NY 11221