



Teacher Recommendation Form

(to be completed by applicant's current teacher)

To the teacher: This information is strictly confidential and is only used during the evaluation process. Thank you for mailing or faxing this completed form. We thank you for your honest evaluation. Please feel free to expand your answers and attach additional pieces of paper. Any questions can be directed to Sheila Mraz, admissions director, sheila.mraz@rainbowlearning.org.

Student's Name _____ Current Grade _____

Teacher's Name _____ School _____

Phone # of school _____ website _____

How long have you known the applicant? _____

Academics

Advanced

Age Appropriate

Needs Development

Verbal skills			
Reading comprehension			
Decoding skills			
Written expression			
Computation skills			
Ability to stay on task			
Follows teachers' directions			
Completes tasks			
Creativity			
Attention to details			

Social & Emotional

Advanced

Age Appropriate

Needs Development

Self-confident with peers and adults			
Works cooperatively			
Exhibits self control			
Shows respect to peers and adults			
Works independently			
Accepts responsibility			
Communicates needs appropriately			
Shows empathy & tolerance of others			
Exhibits emotional maturity			

Please explain any ratings of "Needs Development" on the above lists.

Are there any learning differences that you **suspect**? (dyslexia, ADHD, Aspergers, etc.) Has this child ever been recommended to be evaluated or evaluated by a student support or care team?

What do you consider to be the student's greatest strengths?

What do you consider to be the student's greatest challenges?

What are the parental expectations, support and attitude towards their child?

Is the parent's perception of the child consistent with the school's perception of the child?

What is the participation level of this student's parents at your school?

What overall rating would you give this candidate as an applicant for RCS?

Superior

Average

Below Average

We thank you again for your honest evaluation. Mail all completed pages to the RCS address:
Attn: Sheila Mraz, 574 Haywood Rd. Asheville, N.C. 28806 OR fax#828.258.3144

Teachers Signature _____ Date _____

If you would like for us to contact you to discuss any information on this recommendation,
please check here.: _____

Best time to call: _____ Phone Number _____

