

Confidential Teacher Recommendation

New School of Northern Virginia

9431 Silver King Court Fairfax, Virginia 22031
Tel 703.691.3040 Fax 703.691.3041 www.nsnva.pvt.k12.va.us

The student whose name is indicated below has made application for admission to The New School of Northern Virginia. The questions ask for your sense of this student's social and emotional growth, intellectual development, and relationships within the school community. We appreciate your cooperation in completing this form. Your candid estimate of the student will allow us to get to know the child so that we can be sure The New School is an appropriate placement. Your comments will be held in strictest confidence. Negative responses will not preclude admission to the school. Please mail or fax the completed form directly to the above address.

Applicant's Name: _____

Parent's Names: _____

Applicant's Current Grade: _____ Grade Applying For: _____

Teacher's Name: _____ School: _____

Grade or Subject Taught: _____ Phone Number: _____

Email Address (optional): _____

May we contact you for further information or clarification? Yes No

How long have you known this student?

What are the first words that come to mind to describe this student?

Please describe this student's academic strengths, weaknesses, and learning differences, if applicable. What, if any, accommodations have you made to help this student achieve?

Please comment on this student's work and study habits.

Describe the student's relationship with peers and adults.

What do you see as the optimal learning environment for this student?

Which word best describes the student's:

Category	Excellent	Good	Fair	Area of Concern
Academic Ability				
Motivation / Desire to Learn				
Attention Span				
Use of Time				
Ability to Work Cooperatively				
Ability to Work Independently				
Classroom Behavior				
Integrity				
Sense of Responsibility				
Self-confidence				
Parental Cooperation				