



Teacher Recommendation – Summer 2008

Name of applicant _____

To the Current Teacher

The above named student is an applicant to Charles Armstrong School, a school for specific learning disabilities. So that we may better understand the applicant's learning style, we would appreciate your response to the questions below. Please return the form at your earliest convenience to Charles Armstrong School in care of the admission office. We greatly appreciate your contribution.

1. How long have you worked with this student? _____

2. What do you consider to be this student's greatest strengths?
Academically: _____

Personally: _____

3. What do you consider to be this student's greatest areas of need?
Academically: _____

Personally: _____

4. Explain any academic or disciplinary issues this student may have encountered.

5. How does this student respond to rules and authority?

6. Address how this student interacts with his or her peers.

7. Address how this student interacts with adults.

8. List any teaching techniques and/or accommodations that have proven to be helpful.

9. How do you imagine this student would benefit from small classes (average 6:1) and a structured environment?

10. How would this student be an asset to the CAS community?

Academic and Personal Ratings

2/4/2008

Please check all appropriate responses.

	Outstanding	Excellent	Good	Average	Below Average
Leadership	—	—	—	—	—
Character and Integrity	—	—	—	—	—
Responsibility	—	—	—	—	—
Emotional Maturity	—	—	—	—	—
Emotional Stability	—	—	—	—	—
Motivation	—	—	—	—	—
Homework Completion	—	—	—	—	—
Organization	—	—	—	—	—
Attention Span	—	—	—	—	—
Self-confidence	—	—	—	—	—

Please provide any additional comments that would aid the admission office.

Signature _____ Printed Name _____

School

Name _____ City _____

E-mail _____ School Phone _____

Please return to Charles Armstrong School, Admission Office, 1405 Solana Drive, Belmont, CA 94002