



Confidential Teacher Recommendation

To current teacher:

_____ (*student*) is applying to Agia Sophia Academy. Your candid and timely assessment of this applicant is one way our teachers will get to know this child. The information you provide will be kept confidential and will not be shared with the applicant or family. Please return this evaluation directly to Agia Sophia Academy. Thank you.

How long have you known this child? _____ Language spoken at home? _____

Dominance: Right-handed Left-handed Not established

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

1) _____ 2) _____ 3) _____

INTELLECTUAL DEVELOPMENT

Category	Area of Strength	Age Appropriate	Progressing towards Age Appropriate	Area of Concern	N/A
RECEPTIVE SKILLS					
Follows directions given to a group					
Follows directions given individually					
Follows multiple step directions					
Understands stories read aloud					
Understands classroom discussion					
Memory for events and information					
EXPRESSIVE SKILLS					
Clarity of speech					
Fluency of expression					
Vocabulary					
Ability to stay on discussion topic					
Word retrieval					
Appropriate syntax					
Tells story events in sequence					
MATH					
Mathematical Ability					
Problem Solving Application					
SOCIAL SKILLS					
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with adults					
Resolves conflicts verbally					
Internalization of classroom routine					
Separation from parents/caregivers					
Ability to share					
Ability to wait for turn					
Respect for property of self					
Respect for property of others					
Accepts responsibility for actions					

Frustration tolerance/self-chosen					
Frustration tolerance/assigned activity					
Sense of humor					
Curiosity					
Attention span/self-chosen activity					
Attention span/assigned activity					
Cooperative attitude					
Makes transitions easily					
Reacts well to new experiences					
Comfort with large group					
small group					
alone					

Usually chooses: Large group Small group Alone **Usually takes role of:** Leader Follower Varies

COMMENT:

Please comment on the child's physical development, i.e. visual, auditory, and general health.

Please describe the child's ease of learning and ability to make meaningful connections.

Please comment on the child's social/emotional development.

Please describe the child's work habits: pace, perseverance, independence, problem-solving, ability to work to completion and attitudes.

Has this student been evaluated for, or does he/she receive any special support such as an IEP, TAG, speech, counseling, or ESL? Please Describe.

Are you aware of any family circumstances that affect the student's life at school?

Please comment on parent cooperation and involvement with the school.

Please describe anything unusual or exceptional about this child.

PLEASE SHARE ANY ADDITIONAL COMMENTS YOU MAY HAVE REGARDING THIS CHILD'S CANDIDACY FOR ADMISSION AT AGIA SOPHIA ACADEMY:

Teacher Name *(please print)* _____

Teacher Signature _____ Date _____

School Name _____ School Address _____ School Phone _____

Thank you for your time and the helpful information you have provided.

Please send directly to:

Agia Sophia Academy

14485 SW Walker Road

Beaverton, OR 97006

Phone: 503-641-4600 Fax: 503-641-5951