



Centers of Learning

8854 Haskell Avenue
North Hills, CA 91343

TEACHER RECOMMENDATION FORM

_____ has applied for admission to Centers of Learning. Would you please complete
(applicant's name)
this evaluation form and return it to the Admissions Office as soon as possible. You may call or write us if you would like to make additional comments. The information you provide is considered confidential.

Grade: K 1 2 3 4
circle one

ACADEMIC PROGRESS

O = Outstanding S = Satisfactory	NI = Needs Improvement NA = Not Applicable	O	S	NI	COMMENTS
READING:					
LANGUAGE:					
SPELLING:					
MATHEMATICS:					

SOCIAL & WORK HABITS

	O	S	NI	COMMENTS
USES TIME WISELY				
FOLLOWS DIRECTIONS				
WORKS ACCURATELY				
BENEFITS FROM ERRORS				
WORKS NEATLY				
WORKS INDEPENDENTLY				
CAREFUL USE OF PROPERTY & MATERIALS				
WORKS WELL IN THE GROUP				
ACCEPTS CRITICISM				
RELATES TO PEERS				
RELATES TO ADULTS				
FOLLOWS SCHOOL RULES				
FAMILY SUPPORTIVE OF YOUR PROGRAM				
ATTENDANCE AT SCHOOL				

TEACHER'S NAME: _____ DATE: _____

SCHOOL: _____