



# CENTERS OF LEARNING

8854 HASKELL AVENUE • NORTH HILLS, CA 91343  
TEL: 818.894.3213 • FAX: 818.893.8074

MAILING ADDRESS:  
P.O. BOX 2037 • NORTH HILLS, CA 91393

Grade:    **K**    1    2    **3**    4  
(circle one)

## TEACHER RECOMMENDATION FORM

\_\_\_\_\_ has applied for admission to Centers of Learning.  
Please complete this teacher recommendation form and return it to the Centers of Learning Admissions Office as soon as possible.  
If you have any questions, please do not hesitate to call. The information you provide is considered confidential. Thank you in advance for your assistance.

### ACADEMIC PROGRESS

O = Outstanding S = Satisfactory	NI = Needs Improvement N/A = Not Applicable	O	S	NI	COMMENTS
<b>READING:</b>					
<b>LANGUAGE:</b>					
<b>SPELLING:</b>					
<b>MATHEMATICS:</b>					

### SOCIAL & WORK HABITS

	O	S	NI	COMMENTS
USES TIME WISELY				
FOLLOWS DIRECTIONS				
WORKS ACCURATELY				
LEARNS FROM MISTAKES				
WORKS NEATLY				
WORKS INDEPENDENTLY				
CAREFUL USE OF PROPERTY & MATERIALS				
WORKS WELL IN GROUPS				
ACCEPTS CORRECTION				
RELATES TO PEERS				
RELATES TO ADULTS				
FOLLOWS SCHOOL RULES				
FAMILY SUPPORTIVE OF YOUR PROGRAM				
ATTENDANCE AT SCHOOL				

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_