

WESTMINSTER SCHOOLS OF AUGUSTA
DAY SCHOOL TEACHER RECOMMENDATION
Grades 3-5

TO BE COMPLETED BY THE APPLICANT'S PARENTS

Name of applicant: _____ Age: _____
Parents' names: _____
Home address: _____ Home phone: _____
City: _____ State and ZIP code: _____
Current school: _____ School phone: _____
Current grade: _____ Grade applying for: _____ Homeroom teacher: _____

WAIVER OF ACCESS

I will not seek access to this confidential recommendation submitted for the purposes of admission and academic counseling only.

1. Applicants and their families do not have access to their admission files during the application process.
2. Nonmatriculated, waiting pool, and rejected applicants and their families do not have access to their files.
3. Matriculated students and their families do not have access to their files if they have signed this waiver.

Parent/Guardian signature: _____ **Date:** _____

TO BE COMPLETED BY THE STUDENT'S SCHOOL TEACHER

This child is seeking admission to Westminster Schools of Augusta, an independent, Christian, college-preparatory school with a challenging academic program for students from PreK through grade 12. Your honest assessment will help our admissions committee make a decision that is in the best interest of the applicant. If the parent has signed the waiver above, they will not have access to this form. Please call the director of admissions at 706-731-5260, ext. 2201 if you have any questions or concerns. Thank you for your time and effort in completing this recommendation. We highly value your input.

Teacher's name (print): _____ Phone: _____

Teacher's signature: _____ Date: _____

1. How long have you known the applicant and his or her family? _____

2. To the best of your knowledge, has the applicant ever been recommended for any of the following programs:

Gifted Learning disabled Impaired vision Speech Hearing

Did the child participate? _____

3. Has there been a need for administrative involvement in disciplinary action regarding this student? Yes No

Comments: _____

4. Is the applicant in good standing and eligible to proceed to the next grade level? Yes No

5. When you think of this applicant, what adjectives or phrases first come to your mind? Please note strengths and weaknesses.

(Continued on other side)

PLEASE CIRCLE THE DESCRIPTION THAT BEST DESCRIBES YOUR OBSERVATION OF THE STUDENT

ACADEMIC ABILITY	Superior	Fine Student	Capable of Satisfactory Work	Marginal Ability	Struggling
INDEPENDENT WORK & STUDY HABITS	Excellent	Well Above Average	Average	Weak	Unsatisfactory
INTEGRITY	Exceptional	High Moral Values	Upright, No Cause to Question	Weak, or Questionable	Record of Dishonesty
CONDUCT	Outstanding	Generally Excellent	Good or Acceptable	Marginal or Unappealing	Poor or Disruptive
MOTIVATION	Excellent	Well Above Average	Average	Occasionally Weak	Poor
ATTITUDE & COOPERATION	Outstanding	Generally Excellent	Satisfactory	Less than Satisfactory	Poor
MATURITY & STABILITY	Excellent	Well Above Average	Average	Below Expected Level	Poor
OVERALL RATING	Outstanding	Well Above Average	Good	Fair	Poor

5. Does the applicant have any outstanding abilities or deficiencies not covered by the above chart?

6. How would you rate the applicant's parents' involvement in their child's education? Mark all that apply:

- Exceptionally cooperative
 Generally cooperative
 Not cooperative
 Rather apathetic
 Overly involved
 High maintenance
 Highly critical
 Passes blame

Comments: _____

7. In general, do the parents have a reasonable and accurate understanding of their child's behavior and academic performance at school? If not, please explain.

8. What is your **overall recommendation** for this student for admission to Westminster?

- Highly recommend
 Strongly recommend
 Recommend
 Recommend with reservation
 Cannot recommend

9. Please add any additional comments that would help us in the admission process. Use a separate sheet if necessary.
