



# TEACHER RECOMMENDATION – LANGUAGE ARTS

## Student Information

Student's name \_\_\_\_\_

Female  Male Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

## Important Information

**For parents or guardians:** The information contained on this recommendation will be used in evaluating your child for admission to Rainard. All remarks are confidential and will not be shared with you. With the submission of this form, you acknowledge that you understand and agree this information will not be available for anyone outside of the Rainard Admissions Team, and you are waiving any right that you may have to review it.

**For teacher:** This student is applying for admission to Rainard. Your honest feedback will be used in evaluation of the student by our admissions team. Please be candid. Your remarks are confidential and will not be shared with parents or guardians. This recommendation is required for the student's application file. Please return this form to the admissions team at Rainard at your earliest convenience. Thank you.

### Send the completed form to:

By email: [admissions@rainard.org](mailto:admissions@rainard.org) By fax: 713-365-0372 By mail: 11059 Timberline Road, Houston, Texas 77043

## Academic Skills

<i>Check appropriate rating for each skill.</i>	Strength	Age Appropriate	Progressing	Concern
Listens and follows teachers directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in group discussion/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseveres in spite of difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys new and different challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes work in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments, if any \_\_\_\_\_

### FOR OFFICE USE ONLY:

Date rec'd \_\_\_\_\_ Contacted \_\_\_\_\_ Notes \_\_\_\_\_



Student's name \_\_\_\_\_

### Communication Skills

Check appropriate rating for each skill.

	Strength	Age Appropriate	Progressing	Concern
Knowledge and usage of vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses ideas verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments, if any \_\_\_\_\_

### Social Skills

Check appropriate rating for each skill.

	Strength	Age Appropriate	Progressing	Concern
Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful of property (personal & others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments, if any \_\_\_\_\_

### Descriptive Characteristics *Check all that apply.*

- Aggressive       Easily discouraged       Immature       Oppositional       Shy
- Anxious       Flexible       Irritable       Over-protected       Self-reliant
- Cheerful       Follower       Impulsive       Perfectionist       Spirited
- Confident       Helpful       Manipulative       Positive leader       Well-liked
- Disobedient       Honest       Negative leader       Self-disciplined       Witty



Student's name \_\_\_\_\_

### Additional Information

Describe any notable social or emotional strengths or weaknesses. What steps, if any, have been taken to address the areas of concern?

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Is student habitually tardy or absent?  Yes  No If yes, please explain.

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Is there anything regarding the family that would be helpful for our admissions team to know?

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### Teacher's Signature

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's name \_\_\_\_\_ Phone \_\_\_\_\_

School name \_\_\_\_\_

School address \_\_\_\_\_

I would be willing to discuss this student by telephone.