

TEACHER RECOMMENDATION



Parkland Lutheran School
 120 123rd Street South Tacoma, WA 98444
Phone: (253) 537-1901
Scan and Email: bsorn@parklandlutheran.org

The school named below has my permission to answer the following questions regarding:

Applicant's Name: _____ Parent Signature _____ Date _____

Most Recent Teacher: The student named above is an applicant for admission to Parkland Lutheran School. In order to give the candidate a full review, we ask that you provide the following information. **This form should be returned in a sealed envelope or scanned and emailed to address above. All information will remain confidential.** Thank you for your cooperation.

School: _____ Telephone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Teacher's Name: _____ Subject Area: _____

Length of time the student has attended your school: _____

Current Grade Level: Grade _____

Suggested placement for the coming school year: Grade _____

Has the student ever been recommended for, or identified as needing:

- a. Psychological Testing Yes _____ No _____
- b. Special Education Yes _____ No _____
- c. Gifted Program Yes _____ No _____
- d. Grade Retention Yes _____ No _____
- e. Tutoring Yes _____ No _____

Rate the following areas:	5 (Excellent)	4 (Good)	3 (Average)	2 (Below Avg.)	1 (Poor)
Reading					
Math					
Spelling					
Follows Directions					
Grasps Concepts					
Homework Quality					
Homework Timeliness					
Respect for Classmates					
Responsibility					
Student Interaction w/Others					
Conduct					
Parental Involvement					

Number of days absent during this school year _____

Has the child ever been suspended or expelled? _____ If yes, please explain _____

I recommend this applicant for admission to Parkland Lutheran School:
 Without reservation
 With reservation
 Do not recommend

Please use the back of this form for any additional information that would be helpful.

Signed _____ Date _____ Telephone _____

