Confidential Teacher Recommendation Form

Student's Name_____ Date of Birth _____
LAST FIRST

To the parent: Print the above information and give this form to the student's teachers with a stamped envelope addressed to Meridian School, 280 S. 400 E. Orem, UT 84663. Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations.

Name of student's Parent or Guardian (please print) _____

Phone Number_____ Date _____

Signature of student's Parent or Guardian _____

To the teacher: The student above has made application for admission to the Meridian School. Please complete this recommendation by writing comments in each section. You may consult with the student's parents regarding the student's goals for school. Please send the completed form in the envelope provided by the parent directly to Meridian School. The recommendation will remain confidential and will not become part of the student's permanent academic record; please be sure the parent has signed above. We sincerely appreciate your cooperation and candor.

When did you teach the student? Dates: from _____ to _____

What subject(s) did you teach the student?

ACADEMIC ABILITY

1. **Describe this student's general academic potential**

2. **Ability to focus on and complete a task** **1 2 3 4 5**
(please comment) (1-strong; 5- weak)

3. **Ability to handle a challenging curriculum** **1 2 3 4 5**
(please comment) (1-strong; 5- weak)

4. **Ability to work independently** **1 2 3 4 5**
(please comment) (1-strong; 5- weak)

5. **Ability to work in groups** **1 2 3 4 5**
(please comment) (1-strong; 5- weak)

PERSONAL SKILLS – Please describes the student's:

1. **Attitude towards him/herself**

2. **Ability to resolve conflict**

3. **Ability to develop friendships**

4. **Ability to use criticism for growth**

GENERAL OBSERVATIONS

1. **Describe the student's most important accomplishment in your classroom.**

2. **Describe the areas (academic or personal) most needing support or adult intervention.**

3. **Describe the family's support of your student.**

NAME	POSITION
TELEPHONE – SCHOOL	E-MAIL ADDRESS (IF AVAILABLE)
NAME OF SCHOOL	ADDRESS OF SCHOOL

Meridian School does not discriminate in any way on the basis of race, religion, national origin, or gender in its admission, administration, or education policies, or in any other school-administered program.