



Name of Applicant _____

Applicant for Grade _____

Parent/Guardian: Please write your child's name above and read and sign the following before giving this to your child's teacher. I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside of the Admissions Committee, and I waive any right that I have to see it.

Parent/Guardian Signature: _____ Date _____

Social Skills

Teacher: Please complete this confidential form

We would appreciate your answering the following questions from your knowledge of this student and his/her family. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. Please mail the completed form to Sienna Lutheran Academy. Thank you for your time and care in completing this recommendation form. Thank you for your cooperation and honesty. The child's application cannot be processed until this form is received in the Admissions Office.

	Area of Strength	Age Appropriate	Progressing	Area of Concern	Comments
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with teachers					
Uses words to express feelings					
Follows classroom routine					
Separation from parents					
Ability to share and work cooperatively					
Ability to wait turn					
Respect for property					
Accepts responsibility for actions					
Sense of humor					
Cooperative attitude					
Leadership skills					
Makes transitions easily					
Ability to focus in large group					
Ability to focus in small group					

- Usually chooses to work in: large group _____ small group _____ alone _____
- Usually takes the role of: leader _____ follower _____ varies _____
- Describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern?

Physical Development

	Area of Strength	Age Appropriate	Progressing	Area of Concern	Comments
Fine motor coordination					
Draws with details					
Uses appropriate pencil grip					
Gross motor coordination					
Body/space awareness					
Balance and fluidity of movement					
Participates in physical group					

- Please describe any notable physical strengths or weaknesses:

- Are there any aspects of the child's physical development or stamina which might limit full participation in a school's program? If so, how does the child deal with them?

- This applicant is: Strongly Recommended Recommended
 Recommended with Reservation Not Recommended

- Check all the words that best describe this applicant.

Aggressive	Courteous	Flexible	Articulate	Detached	Good Natured
Respectful	Cheerful	Determined	Impulsive	Serious	Confident
Easily Frustrated	Oppositional	Spirited			

- Is there anything regarding the applicant that would be helpful for the Admissions Committee to know?

- Is there anything regarding the family that would be helpful for the Admissions Committee to know?

- I would: like to discuss this applicant by telephone be willing to discuss this applicant by telephone.

Signature of Teacher: _____ Date _____

Print Name: _____ Telephone: _____

Name of School: _____ School Address: _____

A Christian Academy Dedicated to Excellence

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