

DEL MAR PINES SCHOOL
3975 Torrington Street
San Diego, CA 92130
(858) 481-5615
(858) 481-0942 fax

SECOND THROUGH SIXTH GRADE TEACHER RECOMMENDATION

To Parents: Please give this form to your child's current teacher to complete and return to Del Mar Pines School **directly** by mail or fax.

Child's Name: _____ Applying for Grade: _____
 (last, first)

To Teacher: Please complete both sides of this recommendation form, then mail or fax **directly** to Del Mar Pines School. Your observations of this applicant are a very important part in completing our enrollment process. Your observations and recommendation are *strictly confidential* and will not become a part of the applicant's permanent file. Thank you for your time and cooperation in completing this form as candidly and accurately as possible.

	Usually	Sometimes	Seldom
SOCIAL DEVELOPMENT			
Able to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates well with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a good role model for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is considerate of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solves problems and resolves conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an appropriate sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Usually	Sometimes	Seldom
SKILL DEVELOPMENT			
Able to complete tasks accurately and on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works neatly and takes pride in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows school rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions easily from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is not easily distracted/good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates effort in all activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is intellectually curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes appropriate risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to organize self and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC DEVELOPMENT

	Exceptional	Above Average	Average	Below Average
READING				
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LANGUAGE				
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPELLING				
Application in written work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATHEMATICS				
Understands concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptual Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

1) Do you have any concerns about the child's attendance or promptness in arrival or departure?

2) Are the parents cooperative, supportive and involved in your school and its programs?

3) Do the parents have realistic expectations of their child's academic performance and behavior?

Overall Recommendation for Admissions to Del Mar Pines School (Please circle.)

Enthusiastically With Confidence With Reservation Not Recommended

School: _____ Phone Number: _____

How long have you known applicant: _____

Teacher signature _____ Date: _____

Print name: _____

Please mail completed form to: Del Mar Pines School Admissions, 3975 Torrington Street, San Diego, 92130, or fax (858) 481-0942.

Thank you for your time and cooperation. Please remember that this information is strictly confidential and for