Chicken Coop School at The Farm School 120 Wheeler Pond Rd. Orange, MA 01364 www.farmschool.org/education

Teacher Recommendation

To parent(s): Please give this form to your child's current teacher. Be sure to sign the release form below:

I grant permission for the individual named above to provide verbal information about my child's development to a representative of The Chicken Coop School. A Chicken Coop School representative may also visit the school. "

Parent Signature

Date

To the applicant's teacher: Please answer the questions on the following sheets. Please send this directly to: The Chicken Coop School, 80 Athol Rd, Orange, MA 01331

Many thanks for your help.
Teacher name:
Subjects taught to applicant:
School:
Date:

We may wish to contact you for further information. Please list the following contact information and let us know when it is best to reach you:

Email:

Day phone:		

Evening phone: _____

Student Evaluation

Name of student:	Entering grade:		
I have known this student for	years	months. Number of children in class	
What are the first three words that	come to mind to	describe this student?	

For each of the following categories, please check one or more appropriate boxes. Please add comments below in each category:

Sense of responsibility	responsible	usually responsible	sometimes responsible	rarely responsible
• Comments:		responsible	responsible	responsible
e comments.				
Consideration	usually	usually	inconsiderate	unkind
for others	thoughtful	considerate		
• Comments:				
Relationships	healthy	occasionally	needs	relates
with peers	relationships	needs support	support	poorly
• Comments:				
Leadership	excellent	good	average	poor
ability	excenent	good	average	poor
• Comments:				
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Emotional maturity	very mature	average	somewhat immature	Very immature
• Comments:	mature		minature	minature
• Comments.				
Self confidence	healthy	needs some	seems overly	poor
	self-image	support	confident	self-image
• Comments:				
Sense of humor	highly developed	good	fair	poorly
	8)	8		developed
• Comments:	•	-		•
		1	1	for an extension of
Self control	good	usually good	occasional misconduct	frequent disruption
		0000		and approx

• Comments:				
Relationship with adults	comfortable	uneasy	dependent	avoids contact
• Comments				

Please describe areas of strength for this student:

Please describe areas where this child needs support:

Please comment on:
Study Habits:
Motivation:
Organization of time and work:
Curiosity:
Ability to work in a group:
Ability to express ideas orally:
Creativity:
Please comment on the level of progress and achievement in the following areas:
Reading:
Writing:
Math:
Science:
Social Studies:
Creative Arts:

Is this student receiving any academic or social services in addition to his or her regular class work?

Please characterize parent expectations, cooperation and support for child's school experience:

Any other comments?

Teacher Signature_____

Date_____