

Teacher Recommendation Form (Grade 2-5)



Please return this form to:
 Lincoln Performing Arts School
 930 East Main Street
 Louisville, KY 40206
 Fax: 502-313-3496

Name of Student _____ Applicant for Grade _____

PARENT OR GUARDIAN – Please read and sign before submitting to present school’s registrar.

I understand and agree that the information contained on this teacher recommendation form is confidential and will be used only in evaluating and selecting applicants and will not become part of the student’s permanent record. I also agree that this completed form will not be available to candidates, parents, or anyone else outside of Lincoln Performing Arts Admissions Committee, and I waive any right that I may have to see it.

 Signature of Parent or Guardian

 Date

TEACHER

Please complete all of this form and return it to Lincoln Performing Arts School. Information that does not appear on school records is most helpful in enabling us to evaluate the applicant. Your input regarding the student’s abilities and needs helps us determine whether our program is right for the applicant. This information is strictly confidential. It is used only in evaluating applicants and does not become part of their permanent record.

I. What are the first few words that come to mind when you think of this child? _____

II. ACADEMICS AND WORK HABITS	Usually	Sometimes	Seldom
Pursues tasks to completion/perseveres in spite of difficulty			
Grasps concepts quickly			
Demonstrates intellectual curiosity			
Enjoys complex tasks or ideas			
Exhibits a variety of interests			
Follows oral direction			
Follows written direction			
Plans/uses time well			
Works well with others			
III. SOCIAL AND EMOTIONAL DEVELOPMENT	Usually	Sometimes	Seldom
Is self-confident with peers and adults			

Speaks up in a group discussion			
Expresses emotions appropriately			
Is helpful in the classroom			
Cooperates well in a group			
Is self-disciplined			
Shows empathy and tolerance towards others			
Shows a willingness to take risks			
Helps to promote cooperative classroom environment			
Is respectful to adults			
Respects property			

IV What do you consider to be the student's greatest strengths?

V. What do you consider to be the student's greatest needs?

VI. How long and in what capacity have you known this student?

VII. What areas of the performing arts does this child enjoy?

VIII. Additional Comments:

IX. _____ Highly Recommend _____ Recommend
 _____ Recommend with Reservation _____ Do not recommend

Name _____ Date _____

Position _____

School _____ Phone _____