



Teacher Recommendation

Student _____ Teacher _____

School _____ Grade _____

The above student has applied to The Island School for the coming school year. We appreciate your help in assessing this student's strengths and skills. Please rate the student in the following areas:

O=Outstanding S=Strong A=Average NI=Needs Improvement

| | RATE | COMMENTS |
|--|------|----------|
| Works well independently | | |
| Successfully handles change and transition | | |
| Maintains focus on work | | |
| Enjoys learning | | |
| Is easily motivated | | |
| Gets along well with others | | |
| Overall math skills | | |
| Overall language arts skills | | |

Comments:

Please mention anything additional that you feel would help us make a well-informed decision.

If we need further information, may we call you? () Yes () No

Signature _____ Phone # _____ Date _____

Thank you for your time and cooperation. Please be assured that this teacher recommendation will remain completely confidential. A self-addressed envelope has been enclosed for your convenience.

The Island School does not discriminate on the basis of race, color, religion, gender, sexual orientation, gender identity, disability, national or ethnic origin, or other legally protected status in admission of otherwise qualified students or in providing access to the rights, privileges, programs, or activities generally available to all students and their families, including educational policies, scholarship and other financial aid programs, or athletic, extra-curricular, and other school-administered programs and activities.

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