



CONFIDENTIAL RECOMMENDATION

Name of Applicant: _____

We are applying to St. Timothy's School for the next school year and would appreciate your help in the application process!

You have my permission to please fill out this recommendation and return it to the St. Timothy's School Admissions Office, either by scanning it and sending it via email to admissions@sttimothys.org or by mail to the street address on the next page.

TO THE TEACHER: Please complete both sides of this form. We value your candid appraisal of the student. Your expertise, insight and honest assessment is invaluable to help us make the best decision for everyone.

How long have you known this applicant? _____

Does the child have the ability to	Usually	Occasionally	Seldom
Separate from a parent, to trust adults, and to be aware of others			
Begin to care for his or her own needs and take responsibility for possessions			
Be comfortable with peers, relate to and interact with other children			
Listen in small and large groups			
Deal with frustration and handle conflict in constructive ways without becoming physically aggressive			
Adapt to routines and rules of the classroom			
Begin to take account of another's interest, to be part of a group			
Play cooperatively with minimal supervision			
Represent ideas and experiences in a variety of symbolic ways including language, play, music, art and story drama			
Invest in an activity and stay with a task			
To have a beginning number sense and ability to count to ten			
Name some letters of the alphabet and write his/her name			
Have a familiarity with books, with listening to and telling stories and an ability to use language to communicate			
Have an increasing amount of knowledge about the world in areas that interest them			
Does the child have	Yes	No	
A mastery of toilet training and self care			

Please comment on the following characteristics of this applicant:

Applicant's greatest strengths and talents:

Special areas that may need to be addressed (academic, emotional, social):

Days Absent: _____ Days Tardy: _____

To your knowledge, are the parents in agreement with your view of the applicant, and are the parents supportive of you?

Yes No Not always

Would you like to speak to the Admissions Director at St. Timothy's to share further information?

Best time to call _____

Name of teacher making the recommendation _____

Grade you taught the applicant _____

School Name (please print) _____

Date _____ Telephone Number _____

Signature _____

Thank you for taking the time to complete this evaluation.

Please scan and email to: admissions@sttimothys.org

or mail directly to:

**Admissions Director, St. Timothy's School
4523 Six Forks Road, Raleigh, NC 27609
919-787-3011**