



CONFIDENTIAL RECOMMENDATION

Name of Applicant: _____

We are applying to St. Timothy's School for the next school year and we appreciate your time spent helping us 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. Thank you.

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 frequently is the applicant part of your program ___all day, ___half day ___ days a week.

Does the child have the ability to	Usually	Occasionally	Seldom
Separate from parents and invest in school with support from parents			
Begin to take care of possessions with help			
Have an increased interest in and ability to be part of a group for a period of time			
Maintain socially appropriate behavior most of the time, particularly the ability to inhibit aggressive impulses toward other people			
Follow directions from adults rather than meeting adult direction with oppositional behavior			
Begin to develop present ideas and experiences in a variety of symbolic ways such as language, play, music, painting and story drama			
Begin to develop interest in materials and other people			
Enjoy playing with the other children and has friends			
To listen to a story			
To use language to express need			
Not become easily overwhelmed when asked to transition to a new activity			
Does the child have	Yes	No	
A mastery of toilet training			

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**