



MORGANTON
DAY SCHOOL

305 West Concord Street Morganton, NC 28655
828-437-6782 mail@morgantondayschool.com

TEACHER RECOMMENDATION

To be completed by the applicant's current teacher.

To the Teacher: Please return the completed form directly to the office at Morganton Day School. This information will be held in the strictest confidence. Thank you for your time and insight.

Student's Name _____ Current Grade _____

Student's Birthdate _____ Parent's Name _____

Teacher's Name _____ School _____

Address _____

Phone _____ FAX _____ email _____

In what capacity and for how long have you known the applicant? _____

Academic Potential and Performance

	Exceeds Age Expectation	Age Appropriate	Needs Development
Verbal Skills			
Reading Comprehension (> K)			
Decoding Skills			
Written Expression			
Computation Skills			
Problem Solving & Application of Math Skills			
Ability to Understand Concepts			
Concentration & Attention			
Creativity & Imagination			
Follows Directions			
Completes Assigned Tasks			

Personal Traits

	Exceeds Age Expectation	Age Appropriate	Needs Development
Intellectual Curiosity			
Works Cooperatively			
Works Independently			
Exhibits Self Control			
Accepts Responsibility			
Motivation and Initiative			
Interaction/Relation with Peers			
Relationships with Adults			
Manners and Respect for Others			