



## Confidential Teacher Recommendation for Grades K-5

NAME OF STUDENT \_\_\_\_\_  
First Middle Last

Current Grade \_\_\_\_\_

**To the parent/guardian:** Print the above information and give this form to the student's teachers with a stamped envelope addressed to any school listed above to which the student is applying. Please read and sign the statement below.

***For the student named above, I authorize the release of school records, including an official transcript as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendation.***

Name of student's parent or guardian (please print)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of student's parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

**To the teacher:** Please send the completed form directly to Bixby School at the address listed at below. The recommendation will remain confidential and will not become part of the student's permanent academic record; please be sure the parent/guardian has signed above. **We sincerely appreciate your cooperation and candor. Thank you!**

Please describe the development of the following skill areas on a scale from 1 to 4 with 1 “significantly lagging”; 2 “as expected”; 3 “exceeds expected”, and 4 “significantly exceeds expectations”.

<b>Skill</b>	<b>Scale</b>			
Language and literacy	1	2	3	4
Mathematics	1	2	3	4
Science	1	2	3	4
Collaboration with peers/others	1	2	3	4
Critical thinking and problem solving	1	2	3	4
Completes in class work independently	1	2	3	4
Completes homework	1	2	3	4

Additional comments:

Please describe the following skill areas and the student’s disposition on a scale from 1 to 4 with 1 “never”; 2 “sometimes”; 3 “most of the time” and 4 “always”

<b>Skill</b>	<b>Scale</b>			
Navigates peer relationships positively	1	2	3	4
Navigates relationships with adults positively	1	2	3	4
Works well in groups	1	2	3	4
Works independently	1	2	3	4
Is self-motivated	1	2	3	4
Is able to compete a task with focus	1	2	3	4
Willing to try new activities	1	2	3	4
Takes responsibility for actions	1	2	3	4
Exhibits leadership skills and empathy	1	2	3	4

Additional comments:

Student’s areas of interest in school:

How well has this family communicated/collaborated with your school and teachers?

**As part of the admissions process, you will be receiving a call from us. Please list the best days/times and a phone number to reach you at:**

Best times to call \_\_\_\_\_

Best days of the week \_\_\_\_\_

Best phone number \_\_\_\_\_

Bixby School will abide by the confidentiality of this recommendation form and any subsequent conversations with the teacher.

Your name: \_\_\_\_\_ Your email \_\_\_\_\_

Your School \_\_\_\_\_

Position \_\_\_\_\_

School Address \_\_\_\_\_

**Please mail this form directly to:**

**Bixby School  
Admissions  
4760 Table Mesa Dr.  
Boulder, CO 80305**

Phone: 303-494-7508  
www.bixbyschool.org

Office Use only:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_