



**COMMUNITY
SCHOOL**

Recommendation Form

Community School • 7815 Williamson Road • Roanoke, VA 24019

540.563.5036 • FAX 540-362-1183 • admissions@communityschool.net

To be completed by parent/guardian:

I authorize the person designated below to complete the following recommendation for my child, and I acknowledge that this is a confidential communication. I waive any right to this recommendation and recognize that Community School relies on this waiver to consider my child for admission.

Parent's/Guardian's Name _____

Parent's/Guardian Signature _____

Student's Name _____ Current Grade Level _____

To the person writing this recommendation:

Community School cherishes the individuality of each student and values a diverse student population. We offer a progressive curriculum in mixed-age groupings. In order to assess our ability to meet students' needs, we seek detailed information about students applying for admission. We appreciate your completing this confidential form, adding comments where appropriate. Your contributions are invaluable in helping us to make an informed decision in the best interest of this student. Thank you!

Name of Recommender _____

Name of School Where Recommender Has Worked with Student _____

How long have you known the applicant and in what capacity? _____

We understand that young children are maturing at different rates and will continue to mature through the year. Because of this, your comments are especially valued.

Social/Emotional Development	Always	Usually	Sometimes	Rarely	Never
Respects rights, ideas, feelings & property of others					
Resolves conflicts without physical aggression					
Accepts responsibility for own actions					
Appropriately initiates interactions with peers					
Shows concern toward peers					
Expresses feelings and needs					
Demonstrates ability to self-regulate					
Accepts limits from adults					
Adjusts to changes in routines					
Finds ways to enter group play					

Comments:

Work Habits	Always	Usually	Sometimes	Rarely	Never
Listens attentively					
Follows directions					
Contributes effectively to class discussions					
Organizes self/materials					
Works well independently					
Works well in small groups					
Seeks help when needed					
Persists at challenging tasks					
Excels in academics					
Sees mistakes as learning opportunities					

Comments:

Parent and Family Information Has/have the parent/s of this child been:	Always	Usually	Sometimes	Rarely	Never
Supportive of the child's experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent perception of the children compatible with the school's understanding of the child					

Comments:

At this time, do you feel this child will be ready for the next age group by fall? If not, please comment.

Please share with us any additional information, details, or background that will help us understand this child more fully and meet his/her needs as a student.

Your Signature _____ Date _____

Your phone _____

Best time to phone you _____ Please check if you would like us to call you _____

Please return this confidential form directly to Community School as quickly as possible. We cannot make an admissions decision on this student without his/her recommendation forms.

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Office Use Only:

Date form received by Community School _____

Reference Contacted by Phone on _____

Staff member contacting reference _____
