



## The Cooper School

13 Oakdale Place Charleston, SC 29407

### **Teacher Recommendation Form** Applying for Grades K-5

**Parents:** Please complete the top portion of this form and deliver it directly to the applicant's present school. Please supply the school with a stamped envelope for return to The Cooper School.

**Student's Name** \_\_\_\_\_ **Grade Applying For** \_\_\_\_\_

**Teachers:** The student named above has applied for admission to The Cooper School. Please complete the information requested below. This information is confidential. It is for Admissions Office use only and will not be part of the student's permanent record. Your professional opinion is extremely helpful in evaluating this applicant. Thank you for your time.

**Please check the appropriate box.**

	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unknown</b>
Academic Ability					
Academic Achievement					
Self-Motivation					
Intellectual Curiosity					
Ability to Work in a Group					
Ability to Work Individually					
Participation in Discussion					
Reads for Pleasure					
Ability to Express Ideas in Writing					
Ability to Express Ideas Orally					
Ability to Follow Directions					
Honesty/Integrity					
Sense of Responsibility					
Leadership Skills					
Peer Relations					

Cooperativeness					
Courtesy					
Maturity Related to Age					
Sense of Humor					
Coping Skills					

**Please circle the words you would use to describe this student.**

Passive	Happy	Disciplined	Sullen	Polite
Easily Discouraged	Forthright	Impulsive	Sociable	Anxious
Perfectionist	Assertive	Inquisitive	Aggressive	Cautious
Disobedient	Imaginative	Organized	Well-Liked	Irritable
Well-Behaved	Persistent	Defiant	Motivated	Indulged
Stubborn	Self-Centered	Peaceful	Organized	Kind

**Please answer the following questions:**

1. Where would you place the applicant's current performance?

Below grade level \_\_\_\_\_ On grade Level \_\_\_\_\_ Above grade level \_\_\_\_\_

2. Please list any strengths or weaknesses the student has in math.

3. Please list any strengths or weaknesses the student has in reading.

4. How successful do you think this student would be in a demanding academic setting?

Superior \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

5. Has there been any indication that this student may have ADD or ADHD or a learning disability? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Are there any other comments or concerns you would like to share with us about this student?

Form Completed By:

Teacher Name \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

**Please return to: The Cooper School Admissions Office  
13 Oakdale Place  
Charleston, SC 29407**