



## Teacher Recommendation

### To the parent:

Please complete the top section of this form and deliver it to your child's current or most recent teacher. Notify the teacher that our application deadline is **February 12, 2010**.

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Student's name

Current grade

My child is applying for admission to The Waldorf School of Atlanta. I give permission for the release of the following information concerning my child. I understand that this recommendation is confidential and hereby waive my rights to review its contents.

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Parent's signature

Phone number

Date

### To the teacher:

Please complete Section A for preschool and kindergarten-aged children. For children in elementary or middle school, complete Section A *and* Section B. We appreciate your thoughtful and candid evaluation. All information supplied by you is confidential. We are mindful that children are continuously developing and changing. Thank you for your time.

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Teacher's Name

Position

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School

Phone number

How long have you known the student? What grades(s) did you teach him/her?

### Section A

Please comment on the following:

1. Ability to handle conflicts
2. Relationships with adults
3. Relationships with peers
4. Self-esteem

5. Participation in groups
6. Transition from one activity to another
7. Independence
8. Initiative
9. Strengths and personality traits
10. Areas in which child needs help

**Section B** (for elementary and middle school students only)

Please list below the various texts and grade levels where appropriate.

Reading

Language arts

Math

**Additional comments**

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Teacher's signature

Date

May we contact you for more information?

If so, best time to call:

**Please return this form to:**

Stacey Alston, Enrollment Director

The Waldorf School of Atlanta 827 Kirk Road Decatur, Georgia 30030

phone 404-377-1315 fax 404-377-5013