



MOUNTAIN ROAD SCHOOL

5 Abode Road, New Lebanon, NY 12125

Tel (518) 794-8520 · Fax (518) 794-8623

www.mountainroadschool.org

Teacher Recommendation Form

Child's Name _____

I give my permission for the following teacher _____,
(Teacher's Name)

_____ at _____ school to disclose the
(Title) (School)
requested information to Mountain Road School.

(Signature of Parent/Guardian)

(Date)

Dear Colleague,

We appreciate your cooperation in completing this form. It provides one way of getting to know the applicant. Please note that we place value on your comments in each area. We realize that you are busy, and we express in advance our appreciation for your most thoughtful consideration of the questions. Your reply will be absolutely confidential. Thank you.

Please return this form directly to Mountain Road School.

How long have you known this child? In what capacity?

What are his/her strengths?

What are his/her weaknesses?

Does this child have any special needs? Please explain.

In your opinion, how can we best meet this child's needs?

Please mark the child's level of:

SOCIAL

DEVELOPMENT

Usually Sometimes Seldom Never Please comment

Seeks adult's attention in acceptable ways					
Uses adults as resources					
Leads and follows peers					
Shows pride in own accomplishments					
Can handle conflicts with peers in an appropriate manner					
Takes responsibility for actions, learning and safety					

CLASSROOM BEHAVIOR

Usually Sometimes Seldom Never Please comment

Can be attentive in a group					
Contributes to group discussion					
Follows directions					
Works cooperatively					
Works independently					
Completes tasks					
Moves easily from one activity to another					
Is curious					
Is willing to try new activities					
Is a self-starter					
Enjoys new challenges					
Exhibits problem solving skills					
Expresses ideas well					
Shows respect through words and actions					
Resolves conflicts in a positive, non-violent manner.					

Signed _____ Date _____