



**Teacher Recommendation Form**

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Student Name: \_\_\_\_\_ School: \_\_\_\_\_

School Year: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Classroom Characteristics:**

SOCIAL SKILLS	Seldom	Sometimes	Often	Consistently
Responds with kindness/consideration to others				
Exhibits independence				
Demonstrates leadership initiative				
Follows positive influences				
Resists negative influences				
Respects classroom rules				
Responds positively to suggestions/requests				
Exhibits self-control				
Contributes in a group setting				
Expresses ideas appropriately				
Respects rights, opinions, and property of others				
Assumes responsibility of own actions				
Exhibits self-confidence				
Works cooperatively with peers				
Is inclusive of all members in a group				

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WORK HABITS	Seldom	Sometimes	Often	Consistently
Makes good use of time				
Stays focused in a large group setting				
Works cooperatively in a group				
Works well independently				
Completes tasks on time				
Follows oral directions				
Follows written directions				
Organizes self and materials				
Takes pride in appearance of work				
Assumes responsibility for homework				
Demonstrates consistency in performance				

APPROACH TO LEARNING	Seldom	Sometimes	Often	Consistently
Demonstrates persistence in learning				
Takes pride in accomplishments				
Enjoys new activities				
Challenges self				
Seeks out help when needed				
Notices details				
Aware of patterns and connections among ideas				
Exhibits problem-solving abilities				
Demonstrates creativity				
Takes risks				
Shows initiative				
Is curious and eager to learn				
Puts best effort into work				
Self-motivated				

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How long have you known this student and in what context? Which words come to mind to describe this student?

How does the student's overall performance relate to his/her ability?

In your opinion, what is the student's greatest potential and greatest need?

How would you describe this student's parent involvement in the school? Are the parent goals realistic for this child? Is the parent overly involved or rarely involved?

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

May we contact you with questions? \_\_\_\_\_ If so, please list a contact phone number:

\_\_\_\_\_

Please return this form to  
Mari Beth Sartain, Enrollment Coordinator  
Linden Waldorf School  
3201 Hillsboro Pike  
Nashville, TN 37215  
615-354-0270 ext. 31  
Fax: 615-354-0247  
enrollment@lindenwaldorf.org