



Capstone Classical Academy Elementary Teacher Recommendation Applicants to Grades 1-6

Name of Applicant: _____

Applying for Grade: _____

Name of school completing recommendation: _____

Parent or Guardian - Please write your child's name in the space above and read and sign the following before giving this to your child's teacher.

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.

Parent Signature _____ Date _____

Please send this recommendation to Capstone Classical Academy: Admissions Counselor, Capstone Classical Academy
 3910 25th St. S.
 Fargo, ND 58104
 admissions@capstoneclassical.com

This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received by the Admissions Office, so please complete the process as soon as possible.

Academic Skills Ratings	Exceeds Expectations	Area of Strength	Age Appropriate	Progressing	Area of Concern
Listens to and follows teacher's directions					
Is attentive to group discussions /activities					
Contributes appropriately to group discussions/activities					
Demonstrates ability to work independently					
Perseveres in spite of difficulty					
Works cooperatively					
Enjoys new challenges					
Moves easily from one activity to another					
Demonstrates ability to stay on task					
Ability to complete work in a timely manner					
Ability to express ideas verbally					
Clarity of writing					
Grammar/Mechanics skills					
Reading rate and fluency					
Reading comprehension					
Knowledge and usage of vocabulary					
Imagination and creativity					
Problem-solving skills					
Willingness to take risks					
Reads for pleasure					
Number sense					
Spatial sense					
Academic curiosity					

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Name of Applicant: _____ Applying for Grade: _____

Social Skills	Consistently	Sometimes	Seldom	Please Comment
Responds positively to constructive criticism				
Establishes friendships easily				
Is comfortable in a group				
Respectful of property (personal and others)				
Accepts responsibility for actions				
Demonstrates self-control				
Takes responsibility for belongings				
Is cooperative				
Demonstrates appropriate energy level				
Exhibits emotional maturity				
Takes pride in appearance				

Circle the words that best describe this applicant:

- | | | | | | |
|------------|--------------------|--------------|-----------------|--------------|------------------|
| Aggressive | Disobedient | Honest | Oppositional | Shy | Curious |
| Anxious | Easily discouraged | Immature | Over-protected | Self-reliant | Helpful |
| Cheerful | Flexible | Impulsive | Perfectionist | Spirited | Negative Leader |
| Confident | Follower | Manipulative | Positive leader | Well-liked | Self-disciplined |

Please describe the student's academic/social strengths, assets and gifts: _____

Please describe the student's academic/social challenge and areas of support: _____

Please add any additional information that would provide a more complete picture of the student and family:

Applicant is habitually tardy or late: Yes No If yes, please explain: _____

Applicant is:
 Strongly Recommended Recommended Recommended with Reservation Not Recommended
 If you checked "Recommended with Reservation" or "Not Recommended," please explain: _____

I would: like to be willing to discuss this applicant by telephone.

Teacher Verification

Teacher Signature:	Date:
Print Name:	Course Name:
Teacher Email:	School Name:
Teacher Phone:	School Phone:

Director/Principal Verification

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				
Signature of Director or Principal:				Date: