



Camellia Waldorf School
 Preschool ♦ Elementary ♦ Middle School

Grade 2 – Grade 8 Teacher Recommendation Form

Attn: Admissions Director
 7450 Pocket Road., Sacramento CA 95831
 916-427-5022 ext.224 phone, 916-427-8287 fax

Student: _____

School Year: _____ Grade _____

Teacher: _____ School/Relationship: _____

Classroom Characteristics

SOCIAL SKILLS:	Seldom	Sometimes	Often	Consistently	With Strength
Responds with kindness/consideration to others					
Exhibits independence					
Demonstrates leadership initiative					
Respects classroom rules					
Responds positively to suggestions/request					
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					
When working in a group is inclusive of all members					



G2-G8 Teacher Recommendation

WORK HABITS:	Seldom	Sometimes	Often	Consistently	With Strength
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	With Strength
Demonstrates persistence in learning					
Takes prides in accomplishments					
Enjoys new activities					
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					



Camellia Waldorf School
Preschool ♦ Elementary ♦ Middle School

G2-G8 Teacher Recommendation

Overall Comments

ACADEMIC STRENGTHS:

ACADEMIC CHALLENGES:

PHYSICAL WELL-BEING:

SOCIAL/EMOTIONAL WELL-BEING:

Parent Information: Please comment on family/parent cooperation and support for this child's school experience.

Teacher's Signature: _____ Date: _____