

# Cedar Crest Academy



## Elementary Teacher Recommendation Form 2022-2023

### Parent/Guardian: Application Information

Please complete the upper portion of this form only. The rest of the form should be completed and returned **(separately from your application)** by your child's current teacher to the Admissions Office.

Applicant's Name:

School Year Applying For:

☐

Kirkland Campus

Jenna@cedarcrestacademy.org

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Redmond Campus

Rebecka@cedarcrestacademy.org

Grade Applying For:

### Teacher Recommendation:

The student listed above has applied for admission to Cedar Crest Elementary. We are an academically accelerated elementary program and want to ensure our program is a good fit for each child. As such, we place a high value on the feedback that you, as a teacher, can give us regarding this child. Please note that all of the information provided in this recommendation will be kept completely confidential.

1.) How long have you known the applicant (years\_\_\_\_\_months\_\_\_\_\_) and in what capacity?

2.) Please comment on the applicant's personal strengths.

### Teacher Recommendation:

3.) Please comment on the applicant's academic readiness with respect to language, literacy, and mathematics, keeping in mind we present academics one grade level above the developmental age of the child.

4.) Please tell us how the applicant responds to both structured and unstructured activities.

5.) What have been your most successful methods of working cooperatively with this child's parents? How have the parents contributed to your program/classroom?

6.) Are the parent's expectations of their child consistent with yours?

## Teacher Recommendation:

7.) Is there anything special about this child that a new school should know? Please include any behavior and/or social issues the child may have had while in your class and whether this child works with an aid for any reason.

8.) Please check the phrases below that describe this child (please check all that apply).

- |                                                                        |                                                                                      |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Can independently work for 20 minutes or more | <input type="checkbox"/> Able to navigate a traditional elementary lunchroom setting |
| <input type="checkbox"/> Uses age appropriate self-help skills         | <input type="checkbox"/> This child has a behavior plan, IEP, etc                    |
| <input type="checkbox"/> Has consistent bathroom accidents             | <input type="checkbox"/> Verbally able to articulate their needs                     |

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Name of School

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Name of Teacher

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Date

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Phone Number

May we contact you with any questions?

☐ Yes ☐ No

Thank you!