



TEACHER COMMENTS

Name of student _____ Applying to Grade _____
 Teacher's name _____ Position _____
 School _____

Cornerstone Nevada M.S.
 Grades 6 – 8
 6861 E. Nevada
 Detroit, MI 48234
 (313) 892-1860 x224

The student named above is applying for admissions to one or more campuses of Cornerstone Schools Association. A full report from the applicant's current school is necessary if he or she is to be given consideration for admission. Our ability to effectively evaluate the skill and mastery level of this student is helped enormously by your timely and candid insights. We understand the difficulty in making such an evaluation. All information that you furnish will be kept confidential to the extent that the law allows -- this is applicable only when the form is transmitted directly to the school. On behalf of this student, we thank you for your cooperation and assistance.

Please complete this recommendation in black or blue ink. Retain a copy for your files and send the original directly to the appropriate campus.

How long have you known the applicant? _____

In what capacity? _____

Student / Teacher ratio in your classroom: _____

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

The items below ask for your sense of this student's emotional and social growth, intellectual development, and relationships within the school community. Please evaluate the applicant in the following areas by placing a check in the appropriate column.

SOCIAL / EMOTIONAL DEVELOPMENT

	TRULY OUTSTANDING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	COMMENTS
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Willingly observes rules & accepts school policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sensitivity to other's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respectful of individual differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gets along well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SOCIAL / EMOTIONAL DEVELOPMENT, cont.

	TRULY OUTSTANDING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	COMMENTS
Tries to solve own problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates courteous behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adjusts to daily transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participates appropriately during activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits appropriate self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintains self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Positive reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enthusiasm for school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ACADEMIC DEVELOPMENT

Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curiosity / imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listens attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows oral directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stays on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes assignments promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works well in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works without disturbing others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please comment on the student's effort and achievement in the following areas:

Reading / Language Arts:

Decoding skills _____

Reading comprehension _____
Oral expression _____
Written expression _____
Vocabulary _____
Interest in independent reading _____

Mathematics:

Conceptualization _____
Computation _____
Problem solving _____

Does this student have any particular affinities or interests you would like to share with us? _____

In both academic and social growth and development, please comment on noteworthy strengths of the student.
Academically _____

Socially _____

Is there additional information that would be helpful to us in our evaluation of this applicant? _____

PARENT / SCHOOL RELATIONSHIP

Parents are an important part of the relationship with the student. Please share with us any information regarding this applicant's family, including involvement in your school. _____

To your knowledge, is the parents' perceptions of their child compatible of the school's understanding of the child?
Please comment _____

Which word(s) best describe the parents in regard to their child?
1. _____ 2. _____ 3. _____
Please explain _____

Are you aware of any family circumstances that affect the student's life at school? Please explain _____

Signature _____ Date _____
If we have additional questions, may we call you? YES NO
If YES, phone number _____ Most convenient time to call _____

Again, thank you for your time and the valuable information you have provided