



## Teacher Recommendation Form

**To the Parent/Guardian:** Please complete all information below and return this form to our Admissions Office.

Applicant's Full Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

I understand and agree that the information contained in the *Teacher Recommendation Form* is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be made available to candidates, parents, or anyone outside of the Admission Committee, and I waive my right to read the confidential teacher recommendation(s) for the student listed above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**To the Teacher:** The student named above is an applicant for admission to Bodine School. To aid us in learning more about the student, we ask for your thoughtful completion of this form. The information you provide will remain confidential. Please return this form directly to the Admissions Office at Bodine School via mail or email.

I. Place a check mark in the appropriate column to rate the student in the following areas:

|                                       | Poor | Fair | Good | Outstanding |
|---------------------------------------|------|------|------|-------------|
| Academic Potential                    |      |      |      |             |
| Academic Achievement                  |      |      |      |             |
| Classroom Conduct                     |      |      |      |             |
| Classroom Participation               |      |      |      |             |
| Attention Span                        |      |      |      |             |
| Self Confidence                       |      |      |      |             |
| Self Advocacy                         |      |      |      |             |
| Homework Completion                   |      |      |      |             |
| Organization Skills                   |      |      |      |             |
| Oral Reading Skills                   |      |      |      |             |
| Reading Comprehension Skills          |      |      |      |             |
| Spelling Skills                       |      |      |      |             |
| Written Expression Skills             |      |      |      |             |
| Verbal Expression Skills              |      |      |      |             |
| Math Computation Skills               |      |      |      |             |
| Math Problem Solving Skills           |      |      |      |             |
| Critical and Abstract Thinking Skills |      |      |      |             |
| Ability to Interact with Peers        |      |      |      |             |
| Ability to Interact with Adults       |      |      |      |             |
| Honesty and Integrity                 |      |      |      |             |

(continued on next page)

2. What are this student's areas of strength?

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3. What are this student's areas of need?

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Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

May we contact you by phone to discuss this applicant if we have further questions? \_\_\_\_\_ Yes \_\_\_\_\_ No

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completed form to [rdaugherty@bodineschool.org](mailto:rdaugherty@bodineschool.org). You may also return the form by mail to:

Bodine School  
Attn: Admissions Office  
2432 Yester Oaks Drive  
Germantown, TN 38139

Note: We are not able to receive this form by fax.

Please call us at (901) 754-1800 with any questions or concerns. Thank you.