



Teacher Recommendation Form

To the Parent/Guardian:

Please complete this section of the form and return the form to Bodine's 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 Bodine's Admissions Office.

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

	Poor	Fair	Good	Outstanding
Academic Achievement				
Classroom Conduct				
Classroom Participation				
Self Advocacy				
Homework Completion				
Oral Reading Skills				
Reading Comprehension Skills				
Spelling Skills				
Written Expression Skills				
Verbal Expression Skills				
Math Computation Skills				
Math Problem Solving Skills				
Ability to Interact with Peers				
Ability to Interact with Adults				

(continued on next page)

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

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

Name: _____

Title: _____

Signature: _____ Date: _____

**Please email this completed form to rdaugherty@bodineschool.org.
You may also return the form by mail to:**

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

**Please call our Admissions Office at (901) 203-3872 with any questions or concerns.
Thank you.**