

Teacher Recommendation Form

To the Parent/Guardi		
Please complete this sect	ion of the form and return	the form to Bodine's Admissions Office.
Applicant's Full Name: _		Current Grade:
confidential and will be u candidate's permanent fi candidates, parents, or a	used only in the selection ile. I also agree that this o	tained in the Teacher Recommendation Form is of candidates and will not become part of the completed form will not be made available to ission Committee, and I waive my right to read a student listed above.
Parent/Guardian Signatur	·e:	
Date:	Relationship to	o Applicant:

<u>To the Teacher</u>:
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:

1. Flace a check mark in the ap	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 Imalone@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!