



PARK MAITLAND SCHOOL

Excellence Begins in Wonder

Teacher Feedback

FOR STUDENTS IN GRADE 2 THROUGH 6

Student's Name: _____

Date of birth: ____/____/____ Current Grade: _____

Current School: _____

Parents, please be sure to sign the below "Release of Information" statement.

Release of Information

I understand that this is a confidential teacher recommendation which cannot be disclosed to anyone other than Park Maitland School personnel. I further understand that this recommendation will be used only for admissions purposes and will not be placed in our child's permanent file.

_____ Parent/Guardian
Signature

_____ Parent/Guardian Name
Printed

_____ Date

Dear Teacher,

The student named above has applied for admission to Park Maitland School. The Admissions Committee would appreciate your appraisal of the applicant's qualifications for admission through your comments on the applicant's character and capacity as a student. Thank you in advance for your assistance.

| Language Arts | Outstanding | Above Average | Average | Below Average | Not Applicable |
|-------------------------------|-------------|---------------|---------|---------------|----------------|
| Reading comprehension/Fluency | | | | | |
| Writing Mechanics | | | | | |
| Writing Style | | | | | |
| Writing Content | | | | | |
| Academic Ability | | | | | |

| Mathematics | Outstanding | Above Average | Average | Below Average | Not Applicable |
|------------------|-------------|---------------|---------|---------------|----------------|
| Computation | | | | | |
| Concepts | | | | | |
| Problem Solving | | | | | |
| Academic Ability | | | | | |

Students Name: _____

| Personality Traits | Outstanding | Above Average | Average | Below Average | Not Applicable |
|-------------------------------|-------------|---------------|---------|---------------|----------------|
| Sense of Humor | | | | | |
| Self-confidence | | | | | |
| Concern for others | | | | | |
| Standards of personal conduct | | | | | |
| Self-control | | | | | |
| Leadership potential | | | | | |

| Work Habits | Outstanding | Above Average | Average | Below Average | Not Applicable |
|-----------------------|-------------|---------------|---------|---------------|----------------|
| Quality of work | | | | | |
| Works independently | | | | | |
| Works in a group | | | | | |
| Organizational skills | | | | | |
| Attentiveness | | | | | |
| Peer interactions | | | | | |
| Faculty interactions | | | | | |
| Perseverance | | | | | |
| Follows directions | | | | | |
| Study habits | | | | | |

Special talents, interests and/or abilities: _____!

Has the student missed more than 10 days of school during any school year? _____!

If so, how many days and why? _____!

Is the student eligible to return next year? _____

How long have you known the applicant- _____!

Do the parents support the mission and guidelines of the school? _____!

If your school is private, are financial responsibilities for school bills met on time? _____!

We welcome any information about the student or family that you think would be helpful.

I recommend this student for admission:

- with great enthusiasm
- with confidence
- with reservation
- I do not recommend

Signature: _____ Print name: _____ Date: ___/___/___

Please submit the completed form by mail to Park Maitland School's Admissions Office, Attn: Kelsey Scott, 1450 South Orlando Ave, Maitland, FL 32751 or fax to 321-282-0182. Thank you for taking the time to complete this recommendation.