



THE WESTMINSTER SCHOOL AT OAK MOUNTAIN  
TEACHER RECOMMENDATION FORM  
GRADES 1 - 6

NAME OF APPLICANT \_\_\_\_\_

SCHOOL YEAR AND GRADE FOR WHICH APPLYING \_\_\_\_\_

My son/daughter is applying to THE WESTMINSTER SCHOOL AT OAK MOUNTAIN. Please complete this form and return it directly to Westminster's Admissions Office either by mail or email. By signing this form, I understand that I waive my rights to read this form or see the comments in the recommendation.

Parent's signature: \_\_\_\_\_

**CURRENT TEACHER**

Westminster School appreciates an honest assessment of the above named student. All information will be kept confidential, will not be shared, nor will it become a part of the applicant's permanent record. When completed, please return this form directly to THE WESTMINSTER SCHOOL AT OAK MOUNTAIN.

Teacher: \_\_\_\_\_ Telephone: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Personal Development	Always	Progressing	Needs Development	No Observation
Exhibits confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self-control	<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"/>
Solves problems constructively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is considerate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays cooperatively with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes appropriate choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes transitions with ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsive to and respectful of adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible for personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has organizational skills and good work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates small motor control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates large motor control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Development	Always	Progressing	Needs Development	No Observation
Concentrates and listens attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks/assignments in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys school environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Observation	Agree	Somewhat Agree	Disagree	No Observation
Parent(s) set limits with child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child responds to limits of parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) are respectful of teacher(s) and school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) are responsive to teacher feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) contribute to classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) agree with teacher's view of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent(s) support classroom systems and expectations (e.g., arrive on time, follow through with school requests, pick up on time).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this student ever been suspended or requested to withdraw?  Yes  No

Have there been incidents of bullying or being bullied?  Yes  No

Would you like to have this student in your classroom again?  Yes  No

What are the first words that come to mind when describing this student?  
\_\_\_\_\_

Would you like to share any additional information regarding this student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATION

I recommend this applicant to Westminster:  
 Enthusiastically     Strongly     Fairly Strongly     Without enthusiasm     Not recommended

Mail or Email to:  
WESTMINSTER SCHOOL AT OAK MOUNTAIN  
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Birmingham, AL 35242  
  
Email: lkelly@westminsterknights.org