



## Southfield School Teacher Recommendation Form for students applying to 1st - 8th grades

Applicant's Name \_\_\_\_\_

For Grade \_\_\_\_\_

Parent's or Guardian's Signature of Consent and Release \_\_\_\_\_

*This student is applying for admission to Southfield School. Please evaluate the applicant as carefully as possible by responding to the questions below, and return this form directly to the school. All of the information provided on this form will be held in strict confidence and will not become part of the student's permanent record should he/she enroll at Southfield School.  
Thank you very much for your assistance.*

How long has this applicant been at your school? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Grade(s) and/or subjects(s) taught? \_\_\_\_\_

Is English his/her primary language? \_\_\_\_\_ If no, please comment on his/her fluency in English.

*For each item below, please choose the response that best describes this applicant.*

	Poor	Fair	Average	Good	Superior
Academic potential					
Academic achievement					
Attention span					
Level of maturity					
Relationship with peers					
Relationship with adults					
Ability to work in groups					
Ability to work independently					
Enthusiasm for learning					
Self confidence					
Self discipline					
Classroom conduct					
Written expression					
Completes assignments					

(OVER)

What adjectives come to mind when you think of this candidate?

Describe the candidate's strengths and weaknesses and how he/she functions in your classroom.

Comments or other information you believe might be helpful.

(Please print.)			
Name		Date	
School	Address	City	Zip
School Phone	School Fax	Best time to reach you at school	
Signature			

*Please mail this form directly to :*

**Admissions Office**  
**Southfield School**  
**1100 Southfield Road**  
**Shreveport, Louisiana 71106**

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