



Southfield School

Teacher Recommendation Form for students applying to PS4 and Kindergarten

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.

<i>For each item below, please choose the response that best describes this applicant.</i>	Poor	Fair	Average	Good	Superior
Listening skills					
Ability to follow directions					
Attention span					
Level of maturity					
Relationship with peers					
Relationship with adults					
Ability to engage in cooperative play					
Ability to work independently					
Enthusiasm for school activities					
Self confidence					
Ability to self-regulate emotions					
Classroom behavior					
Readiness for learning					
Ability to transition					

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

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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