



# 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.