



Dear Teacher,

**Please mail or fax
directly to:**

Nancy Aranda

Director of Admissions
Westbury Friends School

550 Post Avenue

Westbury, NY 11590

Phone: 516.333.3178

Fax: 516.333.1353

TEACHER RECOMMENDATION FORM

Questionnaire for Teachers of Prospective Students

Dear Teacher,

The student named below has applied for admission to Westbury Friends School for Grade _____ for the upcoming academic year. We appreciate your cooperation in completing this form as thoroughly and as quickly as possible. We will consider your observations and comments to be an important and **confidential*** contribution to this student's profile as we strive to determine if WFS can successfully meet his/her educational needs. I thank you in advance for your time, effort and insight. Please feel free to contact me directly should you have any questions.

Sincerely,

Nancy Aranda
Director of Admissions

*All information and comments will be held in the strictest confidence, will be used only for admissions purposes, and will not become part of the applicant's permanent record file at WFS.

Parent Section: Please print clearly and return to WFS Admissions Office:

Student's Name: _____	Present Grade: _____
Name of Current School: _____	
Mailing Address: _____	
Zip: _____	phone: _____
Name of teacher: _____	

Teacher Section:

Position/Grade Taught: _____ How long have you known this child? _____

1. What are the first words that come to mind when asked to describe this student? _____

2. Please describe how this student handles transitions, routines, limits, frustration and disappointment.

3. Please describe this student's relationships with peers. Circle all that apply:

agreeable kind aggressive cooperative confrontational outgoing controlling
well-liked social follower quiet withdrawn friendly nervous
impulsive comfortable generous positive leader negative leader awkward angry

Please add any additional comments you may have: _____

4. Please describe this student's relationships with adults at school. Circle all that apply:

cooperative oppositional fearful shy trusting follows directions friendly outgoing

Please add any additional comments you may have: _____

5. Does this child have a history of biting at school? **YES/NO** If yes, please explain: _____

6. Please describe the relationship between the school and this child's parent(s). _____

7. Please use this space to add further comment, if needed. _____

Kindly provide your contact information should we determine a need to get in touch with you about this child.

Phone: _____ or Email: _____