



# PITTSBURGH CONSORTIUM OF INDEPENDENT SCHOOLS

Community Day School - The Campus Laboratory School of Carlow University - The Ellis School  
Falk Laboratory School - Kentucky Avenue School - The Kiski School - The Linsly School  
The Neighborhood Academy - Sewickley Academy - Shady Side Academy - St. Edmund's Academy  
Valley School of Ligonier - Waldorf School - Winchester Thurston School

## Common Teacher Recommendation Form for Middle and High School

Applicant's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

*To the teacher: The information you provide will be kept in strictest confidence and will not become part of the student's permanent record, nor will it be shared, directly or indirectly, with the applicant's parents. Thank you very much for your time and insights.*

Teacher's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title/Position \_\_\_\_\_ Name of School \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

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

What curriculum/text(s) do you use in your class? \_\_\_\_\_

If the student continued at your school, what course/level would the student take next year? \_\_\_\_\_

**Please indicate the degree of support the applicant requires to demonstrate the skills listed below.**

- 1-2:** Needs more support than peers with 1 needing significantly more and 2 moderately more.  
**3:** Needs typical, age-appropriate support compared to peers.  
**4-5:** Needs less support than peers/demonstrates skill independently with 4 moderately less and 5 significantly less.  
**N/A:** This skill is not relevant to this applicant and/or I do not have enough information to provide a response.

|                                              | 1 | 2 | 3 | 4 | 5 | N/A |
|----------------------------------------------|---|---|---|---|---|-----|
| Strives to meet academic potential           |   |   |   |   |   |     |
| Achieves academically                        |   |   |   |   |   |     |
| Self-motivated                               |   |   |   |   |   |     |
| Seeks help when needed                       |   |   |   |   |   |     |
| Works independently                          |   |   |   |   |   |     |
| Works in small groups                        |   |   |   |   |   |     |
| Sustains attention/focus                     |   |   |   |   |   |     |
| Engages with instruction/content             |   |   |   |   |   |     |
| Tries new things/takes reasonable risks      |   |   |   |   |   |     |
| Keeps track of materials/assignments         |   |   |   |   |   |     |
| Manages time/meets deadlines                 |   |   |   |   |   |     |
| Expresses ideas verbally                     |   |   |   |   |   |     |
| Expresses ideas in writing                   |   |   |   |   |   |     |
| Demonstrates number sense/computation skills |   |   |   |   |   |     |
| Solves mathematical word problems            |   |   |   |   |   |     |
| Interacts positively with peers              |   |   |   |   |   |     |

|                                                       | 1 | 2 | 3 | 4 | 5 | N/A |
|-------------------------------------------------------|---|---|---|---|---|-----|
| Interacts positively with adults                      |   |   |   |   |   |     |
| Exhibits empathy                                      |   |   |   |   |   |     |
| Displays self-confidence                              |   |   |   |   |   |     |
| Uses humor appropriately                              |   |   |   |   |   |     |
| Regulates emotions                                    |   |   |   |   |   |     |
| Exercises self-control                                |   |   |   |   |   |     |
| Attempts to resolve conflicts in age-appropriate ways |   |   |   |   |   |     |
| Displays honesty and integrity                        |   |   |   |   |   |     |

**Please elaborate on any skills you wish to contextualize, particularly those rated a 1, 2, or 5.**

**Select the words that describe this student's frequent behaviors and/or demeanor. Please check all that apply.**

- |                                    |                                      |                                      |                                          |                                        |                                             |
|------------------------------------|--------------------------------------|--------------------------------------|------------------------------------------|----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Motivated | <input type="checkbox"/> Caring      | <input type="checkbox"/> Creative    | <input type="checkbox"/> Aggressive      | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Follower  | <input type="checkbox"/> Influential | <input type="checkbox"/> Shy         | <input type="checkbox"/> Curious         | <input type="checkbox"/> Conscientious | <input type="checkbox"/> Easily distracted  |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Distracting | <input type="checkbox"/> Irritable   | <input type="checkbox"/> Positive leader | <input type="checkbox"/> Confident     | <input type="checkbox"/> Self-disciplined   |
| <input type="checkbox"/> Honest    | <input type="checkbox"/> Defiant     | <input type="checkbox"/> Responsible | <input type="checkbox"/> Considerate     | <input type="checkbox"/> Assertive     | <input type="checkbox"/> Self-centered      |
| <input type="checkbox"/> Other:    |                                      |                                      |                                          |                                        |                                             |

**Does this applicant have any specific needs with respect to their learning? If so, how are they addressed?**

**What do you enjoy most about teaching this child? What would you want their future teachers to know?**

**Have the parents/caregivers been positive partners with you and the school? Please check one.**

- |                                      |                                     |                                              |                                              |
|--------------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Challenging | <input type="checkbox"/> Disengaged | <input type="checkbox"/> Responsive, neutral | <input type="checkbox"/> Proactive, positive |
|--------------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------------|

**Is there additional information that would be better communicated by phone? Please check one.**

- |                                                                   |                                                      |
|-------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Yes, I would like to share more context. | <input type="checkbox"/> I have nothing more to add. |
|-------------------------------------------------------------------|------------------------------------------------------|