



Teacher Referral Form for Students Entering 2nd through 7th Grade

**FRANKFORD
FRIENDS
SCHOOL**

Parents: Please complete the top portion and give this form with a stamped pre-addressed envelope to your child's current teacher. *Please have the school mail the form directly to Frankford Friends School.*

Student's Full Name: _____

Applying for Grade _____ **in the Fall of** _____

Teacher: The student whose name appears above is a candidate for admission to Frankford Friends School. Please complete both sides of this recommendation. Your candid and confidential responses will be an important part of this student's file.

When completed, **mail this form directly to the Admissions Office of
Frankford Friends School
1500 Orthodox St, Philadelphia, PA, 19124.**

I have known this candidate approximately _____ year/months. My relationship to the student has been that of _____

Social Emotional Development

	Area of Strength	Age Appropriate	Area for Growth
Demonstrates integrity and responsibility			
Relates positively to adults			
Relates positively to peers			
Shows concern towards others			
Uses words to resolve conflicts			
Is resilient			
Accepts responsibility for behavior			
Adjusts easily to rules and routines			
Listens attentively			
Follows directions			
Contributes effectively to class discussions			
Works well independently			
Works well in small groups			
Organizes self/materials			
Seeks help when needed			
Is self-motivated, takes initiative			
Is able to lead			
Is able to follow			

Academic and Cognitive Development

	Area of Strength	Age Appropriate	Area for Growth
Is curious			
Tries new activities/challenges			
Completes tasks in a timely manner			
Recalls and utilizes prior information			
Easily grasps new concepts			
Decoding skills			
Reading comprehension skills			
Reading fluency			
Interest in reading			
Writing mechanics			
Spelling			
Organizing ideas when writing			
Number sense			
Computation skills			
Problem solving skills			

Speech and Language Development

	Area of Strength	Age Appropriate	Area for Growth
Hears and understands spoken language			
Clarity of speech			
Well spoken			
Asks thoughtful questions			
Answers questions thoughtfully			

Parent/ Family Information

<i>Have the parents been...</i>	Consistently	Sometimes	Rarely
Supportive of child's experience			
Supportive of school's programs/routines			
Supportive of teachers			
Responsive to suggestions/guidance			
Realistic in setting educational goals			
In agreement with the school's view of the child			

Is there anything else the school should know as this applicant is considered for admission?

Name _____

Signature _____

Date _____

Thank you for taking the time to complete this evaluation.