



# Potomac Crescent WALDORF SCHOOL

424 N. Washington Street, Alexandria, VA 22314 (703) 486 - 1309 | [www.potomacwaldorf.org](http://www.potomacwaldorf.org)

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

**To the parent/guardian:** *I hereby waive my right to access this recommendation and authorize the teacher named below to provide an evaluation, in written and/or oral form, and all relevant information, for purposes of my child's application to Potomac Crescent Waldorf School.*

Name of Parent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School Currently Attending: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Role: \_\_\_\_\_

**To the teacher:** *Please evaluate the following student to help us determine acceptance and placement at Potomac Crescent Waldorf School. We appreciate your candid assessment. Return this form and all pertinent information to the Director of Administration and Admissions, [admissions@potomacwaldorf.org](mailto:admissions@potomacwaldorf.org), or mail to: PCWS, Attn: Admissions, 424 Washington St., Alexandria, VA 22314.*

What are the first few words that come to mind to describe this student?

Please circle the words that you feel describe this student. [List adjectives from ACDS teacher recommendation form.]

Based on the work that this student has completed in your school, please rate the overall progress of the student.

Outstanding  Above Average  Average  Below Average  Working Below Grade Level

Does the student regularly attend school and arrive on time?

Please comment on the family's degree of involvement in student's education and receptiveness to teacher recommendations.

Please describe any special needs (physical, emotional, mental, language barriers, family situation) that affect the applicant's progress.

Please describe any accommodations or modifications you have made to classroom instruction for this student.

Please evaluate the student in the following areas, with a rating of Excellent, Good, Fair, or Needs Improvement. Please include comments to illustrate your rating.

	Excellent	Good	Fair	Needs Improvement	Comments
General attitude					
Effort					
Relationships with teachers					
Respect for authority					
Relationships with peers					
Self-confidence					
Initiative					
Cooperation					
Awareness of appropriate classroom conduct					
Study habits					
Participation					
Pride in work					
Ability to work independently					
Ability to work in a group					
Completes assignments					
Problem solving ability					
Ability to learn from mistakes					
Ability to persevere					
Awareness of other's needs					
Receptivity to corrective comments					
Impulse control					
Independence in play					
Initiates independent play					
Initiates cooperative play					

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

If you are willing to speak with us about this student, please include your phone number: \_\_\_\_\_