



Potomac Crescent WALDORF SCHOOL

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 Director of Admissions and Enrollment, admissions@potomacwaldorf.org, or mail to: PCWS, Attn: Admissions, 424 N. Washington St., Alexandria, VA 22314.

To the parent(s)/guardian(s):

I hereby waive my right to access this recommendation and authorize the teacher named below to provide an evaluation and all relevant information to the school for purposes of my child's application.

Parent Signature: _____ Date: _____

Student Name: _____ Grade: _____

Name of School Currently Attending: _____

Address: _____

Phone: _____ Dates Attended: _____ to _____.

Teacher Name: _____ Title: _____

To the teacher – Please attach addendum if necessary for the sections below:

1. Please assess the student's attendance: _____ Satisfactory _____ Unsatisfactory
2. What are the first few words that come to mind to describe this student?
3. Please describe any special needs (physical, emotional, mental, language barriers, family situation) that affect the applicant's progress.
4. Please comment on parent/s attitude(s) and degree of involvement in the student's education and receptiveness to teacher recommendations.

5. Please comment of the parent/s engagement and contributions to the life of the school.

6. Please describe the student in the following areas:

a. Physical development, coordination, movement:

b. Social/Emotional development:

c. Ability to transition from one activity to the next:

d. Ability to follow directions from a teacher:

e. Ability to focus and engage in work:

f. Ability to engage in healthy play:

7. Please share any other comments about this student.

8. Would you be willing to speak with us about this student? If so, please include your phone number:
