



# Potomac Crescent WALDORF SCHOOL

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

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 Enrollment and Admissions, [admissions@potomacwaldorf.org](mailto:admissions@potomacwaldorf.org), or mail to: PCWS, Attn: Admissions, P.O. Box 320396, Alexandria, VA 22320.

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: \_\_\_\_\_

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To the teacher - Please attached 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.

5. 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:

6. Please share any other comments about this student.

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

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