



Potomac Crescent WALDORF SCHOOL

424 N. Washington Street, Alexandria, VA 22314 (703) 486 - 1309 | 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 Admissions, 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 best describe this student.

aggressive

anxious

articulate

cheerful

social

confident

conscientious

disobedient

honest

influential

follower

happy

helpful

negative leader

organized

irritable

manipulative

motivated

positive leader

responsible

over-protected

passive-resistant

perfectionist

easily discouraged

well-liked

self-centered

self-disciplined

shy

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 the life of the school.

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: _____