



# LAGRANGE ACADEMY

## LOWER SCHOOL TEACHER RECOMMENDATION GRADES K - 5

**Personal information is to be completed by parent or guardian.**

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Present grade

\_\_\_\_\_  
Applying for grade

\_\_\_\_\_  
Academic year

**This portion of the form is to be completed by recommending teacher from current school year.**

LaGrange Academy is a college preparatory independent school. Its curriculum is designed to ensure graduates are well prepared for college and to instill a life-long love of learning. The active support and participation of parents is an important aspect of the educational program at LaGrange Academy.

With the above statement in mind, please answer the questions and use the scale to best describe the applicant.

1. What are the first words that come to your mind to describe this applicant? \_\_\_\_\_  
\_\_\_\_\_

2. Please comment:

A. How does the applicant feel about himself/herself? \_\_\_\_\_  
\_\_\_\_\_

B. How does the applicant accept routine and limits? \_\_\_\_\_  
\_\_\_\_\_

C. How does the applicant handle frustration? \_\_\_\_\_  
\_\_\_\_\_

3. Please comment about the applicant's interaction with other children. \_\_\_\_\_  
\_\_\_\_\_

4. Area where applicant has greatest strengths: \_\_\_\_\_  
\_\_\_\_\_

5. Area where applicant has greatest needs: \_\_\_\_\_  
\_\_\_\_\_

6. Please comment about parent support and involvement. \_\_\_\_\_  
\_\_\_\_\_

7. Do the parents have a realistic picture of their child's ability?  Yes  No If no, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

8. Has the applicant ever been a recipient of a special services program? (i.e. gifted, learning disability resource center, speech therapy, etc.)  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Using the following scale, please rate the applicant:

	Exceeds Expectations	Meets Expectations	Needs Development
Reading			
Mathematics			
Spelling			
Oral expression of ideas			
Written expression of ideas			
Participation in class discussion			
Study habits			
Follows directions			
Ability to work independently			
Small motor development			
Large motor development			

Thank you for your time and evaluation of this applicant. We may contact you if we have any questions. Please print the information below.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Position: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

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

LaGrange Academy welcomes and admits students of any race, color, gender, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the academy. We do not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of our educational policies, admission practices and athletic and other school administered programs.

Please return this form as soon as possible. Thank you for your help!

Mail to: LaGrange Academy  
Office of Admissions  
1501 Vernon Road  
LaGrange, Georgia 30240

Email to: [lagrangeacademy@lagrangeacademy.org](mailto:lagrangeacademy@lagrangeacademy.org)