



Middle School Teacher Recommendation: Language Arts

Please mail or drop off responses to Hess Academy, 611 Medlock Rd, Decatur, GA 30033

Student's Name:	Current School:	Current Grade:
Recommending Teacher's Name:	Teacher's Position:	
Parent Authorization Signature:		

1. How long have you known this student?
2. How would you describe this student's academic/social-emotional strengths?
3. How would you describe this student's academic/social-emotional challenges?
4. In your opinion, what is the ideal classroom setting for this student?
5. To your knowledge, is the parents' perception of their child compatible with the school's understanding of their child? Please comment.



6. Parents are an important part of the educational team and significantly influence overall student success. Please share your experience with the parents' involvement in your school and classroom.

Please rate the student on the following scale:

	<i>Almost Never True</i>	<i>Usually Not True</i>	<i>Occasionally True</i>	<i>Usually True</i>	<i>Almost Always True</i>
Well-liked by peers					
Respectful					
Compassionate					
Highly Motivated					
Positive attitude towards school					
Independent					
On-task during class					

7. Is there anything you would like to add about this student?

8. Would you be comfortable discussing these questions further over email or by telephone? If so, what is the best way to reach you?

Printed Name _____ Signature _____ Date _____



Middle School Teacher Recommendation: Mathematics

Please mail or drop off responses to Hess Academy, 611 Medlock Rd, Decatur, GA 30033

Student's Name:	Current School:	Current Grade:
Recommending Teacher's Name:	Teacher's Position:	
Parent Authorization Signature:		

1. How long have you known this student?
2. How would you describe this student's academic/social-emotional strengths?
3. How would you describe this student's academic/social-emotional challenges?
4. In your opinion, what is the ideal classroom setting for this student?
5. To your knowledge, is the parents' perception of their child compatible with the school's understanding of their child? Please comment.



6. Parents are an important part of the educational team and significantly influence overall student success. Please share your experience with the parents' involvement in your school and classroom.

Please rate the student on the following scale:

	<i>Almost Never True</i>	<i>Usually Not True</i>	<i>Occasionally True</i>	<i>Usually True</i>	<i>Almost Always True</i>
Well-liked by peers					
Respectful					
Compassionate					
Highly Motivated					
Positive attitude towards school					
Independent					
On-task during class					

7. Is there anything you would like to add about this student?

8. Would you be comfortable discussing these questions further over email or by telephone? If so, what is the best way to reach you?

Printed Name _____ Signature _____ Date _____