

Independent Schools of St. Louis
Common Teacher Referral Form for Children Applying to
Fifth or Sixth Grade
Academic Year 2008-2009

The schools listed below have agreed to use this Common Teacher Recommendation Form which is required for children applying to Fifth and Sixth Grades.

Directions:

- Please complete the attached form as fairly as possible. This Common Teacher Recommendation form will be treated confidentially and will not be shared with parents. The form should have been accompanied by a School Records Release Form that is signed and dated by the parent(s) or legal guardian(s), and states that the information received from the School will be kept in the strictest confidence and used only by the Admission Committee.
- Make a copy of the form and mail it to the School below that requested the information.
- Retain the original for your files so that if you are contacted by another school you can simply make a copy and send it along.
- **Please return the form as promptly as possible and no later than ten (10) days from the date received.**
- If applicable, please have your school office include with the Recommendation Form any school or health records.

The form should be sent directly to the admission office.

_____ Andrews Academy/Creve Coeur 888 N. Mason Road St. Louis, MO 63141	[P] 314-878-1883 [F] 314-878-0759	_____ Gateway Academy 17815 Wild Horse Creek Road Chesterfield, MO 63005	[P] 636-519-9099 [F] 636-449-1627
_____ Andrews Academy/Lake St. Louis 1701 Reise Road Lake St. Louis, MO 63368	[P] 636-561-7709 [F] 636-561-7725	_____ Kirk of the Hills Christian Day School 12928 Ladue Road St. Louis, MO 63141	[P] 314-434-4349 [F] 314-434-0047
_____ Central Christian School 700 South Hanley St. Louis, MO 63105	[P] 314-727-4535 [F] 314-727-8006	_____ The Lewis & Clark Institute 1414 S. Sappington Road Crestwood, MO 63126	[P] 314-918-1400 [F] 314-918-1787
_____ Chesterfield Day School 1100 White Road Chesterfield, MO 63017	[P] 314-469-6622 [F] 314-469-7889	_____ Mary Institute and St. Louis Country Day School Admission Office 101 N. Warson Road St. Louis, MO 63124	[P] 314-995-7367 [F] 314-872-3257
_____ Chesterfield Montessori School 14000 Ladue Road Chesterfield, MO 63017	[P] 314-469-7150 [F] 314-469-7851	_____ New City School 5209 Waterman Avenue St. Louis, MO 63108	[P] 314-361-6411 [F] 314-361-1499
_____ City Academy 4175 N. Kingshighway Blvd St. Louis, MO 63115	[P] 314-382-0085 [F] 314-382-0228	_____ Rohan Woods School 1515 Bennett Avenue St. Louis, MO 63122	[P] 314-821-6270 [F] 314-821-6878
_____ Clayton Academy 7501 Maryland Avenue St. Louis, MO 63105	[P] 314-727-0833 [F] 314-727-6381	_____ Rossman School 12660 Conway Road St. Louis, MO 63141	[P] 314-434-5877 [F] 314-434-1668
_____ The College School #1 Newport Place St. Louis, MO 63119	[P] 314-962-9355 [F] 314-962-5078	_____ The St. Michael School 6345 Wydown Boulevard St. Louis, MO 63105	[P] 314-721-4422 [F] 314-721-4448
_____ Community School 900 Lay Road St. Louis, MO 63124	[P] 314-991-0005 [F] 314-991-1512	_____ The Saul Mirowitz Day School 11411 North Forty Drive St. Louis, MO 63131	[P] 314-569-2692 [F] 314-569-2640
_____ Epstein Hebrew Academy 1138 North Warson Road St. Louis, MO 63132	[P] 314-994-7856 [F] 314-994-9437	_____ Solomon Schechter Day School 348 S. Mason Road St. Louis, MO 63141	[P] 314-576-6177 [F] 314-576-3624
_____ Forsyth School 6235 Wydown Boulevard St. Louis, MO 63105	[P] 314-726-4542 [F] 314-726-0112	_____ Villa Duchesne/Oak Hill School 801 S. Spoeede Road St. Louis, MO 63131	[P] 314-810-3417 [F] 314-432-0199
_____ The Fulton School at St. Albans P.O. Box 78 123 Schoolhouse Road St. Albans, MO 63073	[P] 636-458-6688 [F] 636-458-6660	_____ Visitation Academy 3020 North Ballas Road St. Louis, MO 63131	[P] 314-625-9103 [F] 314-432-7210
		_____ The Wilson School 400 DeMun Avenue St. Louis, MO 63105	[P] 314-725-4999 [F] 314-725-5242

Independent Schools of St. Louis

Common Recommendation Form for Children Applying to Grades 5 through 12 Section D

Parents: Please submit this form to one of your child's current teachers. Include with each recommendation, an addressed and stamped envelope for each school to which you would like the completed recommendation sent.

Teachers: Please keep the original and send copy(ies) directly to the school(s) to which the student is applying. This form may be duplicated if more than one teacher is recommending.

Applicant's full name: _____
First Middle Last

Applicant's current school: _____ Current grade: _____

The student named above is applying for admission to one or more secondary school members of the Independent Schools of St. Louis. As part of the admission process, we appreciate your cooperation in completing this form. This evaluation and its contents will be used only in connection with the admission decision by the ISSL schools using the Common Application for Secondary Schools. ISSL member schools will not share reasons for an applicant being denied admission.

If you wish to discuss this in person rather than completing this form, please check the box below, sign and return this form with your telephone number(s). A representative from the admission office will contact you shortly.

I would like to discuss the applicant personally rather than completing this form. Best time: _____
Contact #: _____

Name of person completing this form: _____
Print Name

My relationship with this student has been that of (check all that apply):

School Counselor School Administrator
 Teacher (please specify subjects) _____
 Other (please specify) _____

I have known this student for: _____ Years _____ Months Daytime phone: () _____

Signature

Date

The items that follow ask for your sense of this student's relationship within the school community, emotional and social growth and intellectual development. Your insight will help us to know this child. We understand the difficulty in evaluating a student, and we are aware that children are constantly growing, changing and developing. The information you provide will be kept in strictest confidence and used only by the admission committee.

What are the first words that come to mind when describing this student?

What are the student's special interests or abilities?

We would appreciate your comments and observations concerning the strengths, weaknesses, learning style, health, behavior or special needs of this student. Feel free to attach an additional sheet of paper if necessary.

Please comment on the parents' support of their child's learning and their cooperation with the school.

Does this school have a program for special needs students (gifted, learning disabled, etc.)? Yes No

If yes, is this student involved in a program? Yes No Name of program: _____

For how long has this student been involved? _____ Years _____ Months

Has the applicant ever been suspended, dismissed, requested to withdraw or otherwise penalized or disciplined for any reason? Yes No

If yes, please state the nature of the action taken and describe the circumstances relating to the action. Please provide the names of the teachers or administrators involved.

Please rate this student compared to other students you have taught on the scale below as it relates to each category listed. (This form may be duplicated if more than one teacher wishes to complete this scale.)

Personal Qualities

	Outstanding	Above Average	Average	Fair	Improvement
Work ethic					
Conduct					
Consideration for others					
Relationships with peers					
Relationships with adults					
Emotional maturity					
Self-confidence					
Sense of humor					
Honesty					
Sense of responsibility					
Leadership skills					

Academic Qualities

	Outstanding	Above Average	Average	Fair	Needs Improvement
Motivation to learn					
Intellectual curiosity					
Ability to work in a group					
Ability to work independently					
Organizational skills					
Work habits					
Creativity					
Class preparation					
Class participation					
Academic promise					
Academic achievement					