



Teacher Recommendation Form

Parents: Please fill out this portion and give it to your child's teacher.

Name of Student: _____ Date of Birth: _____

Teacher: Please fill out the below recommendation and return this completed form directly to:

The Diener School
11510 Falls Road
Potomac Maryland 20854
Attention: Admissions Office

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE DIENER SCHOOL 301-299-4602

Current Grade: _____ Current School: _____

School Phone Number: _____

Name of Person Completing Form: _____

Date this form is being completed: _____

Contact information (phone and/or email): _____

Best time to reach you: _____

Q1. Please list student's academic strengths: _____

Q2. Please list student's academic weaknesses: _____



Q3. Please describe student's social emotional development: _____

Q4. Please describe student's sensory development: _____

Q5. Please describe student's attention in the classroom: _____

Q6. Please describe student's level of frustration during school day: _____



Q7. Please describe whether student is on level, above level, or below level:

Reading: _____

Written Language: _____

Math: _____

Fine Motor: _____

Gross Motor: _____

Expressive Language: _____

Receptive Language: _____

Q8. What are the student's special interests? _____



Q9. How does the student relate to adults? _____

Q10. How does the student relate to peers? _____

Q11. Are there any behavioral issues that affect his/her learning at school? _____

Q12. If this student has attentional, social, emotional or behavioral concerns, how are they being addressed in the classroom? _____



Q13. Do these interventions/strategies help? _____

Q14. Does this student have an IEP or 504 Plan or similar documents outlining goals?

Q15. What accommodations or modifications are used to support academics in the classroom for this child? _____



Q16. Please feel free to include below any other information you think we should know about this student? _____

Q17. Please check all the words below that best describe this student:

- | | | |
|---|--|--|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Quirky | <input type="checkbox"/> Bright |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Easily Frustrated | <input type="checkbox"/> Self Starter |
| <input type="checkbox"/> Sense of Humor | <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Loves school |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Sensitive to Noise | <input type="checkbox"/> Hates school |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Sad | <input type="checkbox"/> Plays alone |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Sensitive to Texture | <input type="checkbox"/> Athletic |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Under-reactive | <input type="checkbox"/> Clumsy |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Physical | <input type="checkbox"/> Self confidence |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Attention Seeking | <input type="checkbox"/> Needs 1-1 support |
| <input type="checkbox"/> Passive | <input type="checkbox"/> Hyper | <input type="checkbox"/> Needs constant redirection |
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Works well in Group Setting |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Careless | <input type="checkbox"/> Works independently |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Athletic | <input type="checkbox"/> Socializes with Peers |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Appropriately Self Advocates |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Highly Motivated | <input type="checkbox"/> Arrives on time |
| <input type="checkbox"/> Empathetic | <input type="checkbox"/> Loses focus | <input type="checkbox"/> Organizes materials as needed |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Obsessive | <input type="checkbox"/> Transitions easily |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Quiet | |
| <input type="checkbox"/> Social | <input type="checkbox"/> Immature | |
| <input type="checkbox"/> Imaginative | <input type="checkbox"/> Participates in Class | |