Teacher Recommendation Form

Student Name:

ADDITIONAL DETAILS, IF NEEDED:

The Summer Link Program provides academic and enrichment opportunities to economically disadvantaged students to eliminate the summer achievement gap. Summer Link supports students in their current school settings by solidifying the learning from the previous year and preparing students for the upcoming one. If you are interested in learning more about Summer Link, please visit our website at **www.overlake.org/summerlink**.

Recognizing that completing this form is not part of your official duties, we greatly appreciate you helping the applicant by supplying the information requested. Note that the information submitted is confidential, will not be shared with the student and family, and will not become part of the student's permanent school record. In order to establish and honor confidentiality, please send this form directly to Summer Link.



PLEASE COMPLETE AND SUBMIT THIS FORM ONE OF TWO WAYS:

- Email: Scan the completed form and email to the Summer Link Application Manager, Karen Zaidberg (kzaidberg@overlake.org).
- · Mail:

The Overlake School Summer Link Program 20301 NE 108th St. Redmond, WA 98053



PERSON(S) COMPLETING THIS FORM:						
SCHOOL NAME: GRADE LEVEL(S) YOU TAUGHT STUDENT:						
IN WHAT CAPACITY DID YOU TEACH THE STUDENT? HOMEROOM	TEACHER SUBJECT	T SPECIALIST	TEACHER:_			
ADDITIONAL DETAILS, IF NEEDED:						
WHAT ARE THE FIRST FEW WORDS THAT COME TO MIND TO DESCRIBE	THIS APPLICANT?					
STUDENT SKILLS	Consist	ently Usually	Sometil	nes Rarely	Never	MIA
Exhibits empathy toward peers	0	0	0	0	0	\circ
Cooperates in work and play	0	0	0	0	\circ	\circ
Resolves differences appropriately	0	0	0	0	0	0
Assumes a leadership role with peers	0	0	0	0	0	0
Can follow the lead of peers	0	0	0	0	0	0
Perseveres with difficult tasks	0	0	0	0	0	0
Accepts responsibility for behavior	0	0	0	0	0	0
Demonstrates self-control in class	0	0	0	0	0	0
Demonstrates self-control on the playground	0	0	0	0	0	0
Transitions appropriately between activities	0	0	0	0	0	0
Displays age appropriate resilience	0	0	0	0	0	0
Contributes to class discussions	0	0	0	0	0	0
Works with independence and self-direction	0	0	0	0	0	0
Listens to and follows directions	0	0	0	0	0	0
Uses class time efficiently	0	0	0	0	0	0
Sustains attention and focus	0	0	0	0	0	0
Accepts criticism appropriately	0	0	0	0	0	0
Open to new challenges	0	0	0	0	0	0
Exhibits problem-solving ability	0	0	0	0	0	0
Seeks help appropriately when needed	0	0	0	0	0	0

☐ TRIES TO CONTROL ☐ TAKES A LEADERSHIP ROLE ☐ PARTICIPATES COOPERATIVELY ☐ OBSERVES ☐ SEEKS ATTENTION

Please comment on the student's academic and personal	strengths.
Please comment on the student's academic and personal	challenges.
Do you have any specific concerns? <i>(check all that apply)</i> □ FINE MOTOR □ GROSS MOTOR □ SOCIAL/EMOTIONAL □ E □ READING □ WRITING □ MATH □ OTHER □ NONE	BEHAVIORAL SPEECH
Additional details, if needed:	
Are the parents/guardians supportive of the student's strestudent and your program been in alignment with yours a	engths and challenges? Have their expectations and perceptions of their nd the school's?
Please mention any additional information which you thin	k might help us make an informed decision.
Thank you for your time and candor! Please keep Check here if you would like a telephone conference to	provide further information.
If needed, may we contact you for further clarification?	
EMAIL:	PHONE: DATE: