



Hampstead Academy

Pre K - Grade 8 Hampstead, NH 03841 www.HampsteadAcademy.org

Grades 1-5 Teacher Reference

FOR SCHOOL YEAR

20 -20

Applicant's Name _____

Current Grade _____

How long have you worked with this student? _____

Please rate the student in the following areas	Excellent	Good	Fair	Poor
Attention during class				
Motivation and effort				
Class participation				
Creative problem solving				
Ability to work independently				
Ability to work with others				
Ability to organize and communicate ideas				
Intellectual curiosity				
In regard to mathematical skill				
Understanding of concepts				
Computational skills				
Problem solving ability				
Ability to think mathematically				
In regard to reading				
Speed and accuracy				
Fluency				
In regard to character				
Honesty and integrity				
Maturity				
Consideration for others				
Leadership ability				
Reaction to criticism				
In regard to parents	Always	Usually	At times	Rarely
Supportive of the student's experiences				
Supportive of the school's programs				
Responsive to suggestions				
Realistic in setting educational goals				
Compatible with the school in their understanding of the student				

Admissions Office ♦ Hampstead Academy
320 East Road ♦ Hampstead, NH ♦ 03841

Phone 603-329-4406 ♦ Email: admissions@hampsteadacademy.org ♦ www.hampsteadacademy.org



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Please comment on this student's ability to meet the expectations of your school. Have you adjusted your program to accommodate the needs or abilities of this student?

What do you perceive as this student's greatest strength academically?

What do you perceive as this student's greatest need academically?

When the student does not score 100% on assignments, it is because (check all that apply):

- not enough time
- physical or mental distractions
- inadequate preparation
- grammatical or spelling errors
- incorrect methods
- inadequate interest in the subject or class

In comparison to other students you have taught, how would you recommend this student	Unreservedly	Strongly	With reservation	Not recommended
Academically				
Personally				
Overall				

Date _____ Teacher's Name _____

School _____ Phone _____

Address _____

Thank you for your time on this student's behalf.

Please return this form to:

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