



Minds in Motion ***Academy***

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ADMISSION CANDIDATE CLASSROOM TEACHER RECOMMENDATION FORM

The following student is being considered for placement at our school, which is a small, highly structured therapeutic special education school. To provide for smooth integration into our program, please take a moment and provide us with specific information concerning your interactions with this student. We value all of your insights.

Student's Name: _____ **Date:** _____

Current Teacher: _____ **Grade:** _____

School Name: _____

School Address: _____

Classroom Description: (i.e. self-contained SED 1:8 ratio) _____

Student Strengths: (please attach an additional page if necessary) _____

Student Weakness: (please attach an additional page if necessary) _____

Student Learning Cycles: (i.e. techniques/recommendations) _____

Specific Instructional Units Covered (please attach an additional page if necessary) _____

Describe the student's social emotional development _____

Describe students ability to focus in class _____

Describe the students level of frustration during the school day _____

Describe the students performance in the following areas:

SUBJECT	ON LEVEL	ABOVE LEVEL	BELOW LEVEL
written language _____			
math _____			
fine motor _____			
gross motor _____			
expressive language _____			
receptive language _____			

Does the student have any special interests or talents? _____

How does the student relate to peers? _____

How does the student function in group? _____

Describe any behavioral issues that may affect the students learning at school _____

Please feel free to include any other pertinent information regarding this student _____
