



INNOVATIVE SCHOOL RECOMMENDATION FORM

Child Name: _____ **Current Grade Level:** _____ **School Name:** _____

Teacher Name: _____ **Teacher Position:** _____ **Teacher Email:** _____ **Teacher Phone:** _____

We ask that this child's current teacher complete and submit this form directly to our Admission Office at: admissions@innovativeschool.org. Please do not return this form to the applicant family.

Please describe this child as a learner – academic strengths, interests, and areas for growth:

Please describe this child as a friend and community member:

Please describe this child's areas of growth, and any additional support you believe would be beneficial to this child:

There are concerns I would like to speak with you about privately (check one): YES NO

Is there any other context you think our school should be aware of as we consider this application:

Date: _____