



Crossway Academy Teacher/Therapist Recommendation Form

Please complete this form for the Crossway Academy admissions process. All information given is strictly confidential. Please fax or email to: Crossway Academy Head of School at 704-847-2033 (cecilia@crosswayacademy.com)

Student's name: _____ Current Grade: _____

Your Name: _____

Telephone number: _____

School or clinic name: _____

Position: _____

How long have you known this student, and in what capacity?

What are the student's strengths?

Weaknesses?

Please describe the student's social skills:



Does the student work best one on one, in small groups, or independently?

How would you describe the child's willingness to learn?

Does the student have any significant behavior problems?

Please describe the relationship the child has with his/her parents:

Please describe the relationship the parents have with teachers or therapists:



Student	Always	Usually	Sometimes	Rarely	Never
Follows oral directions					
Engages in learning					
Stays on task					
Potty trained					
Will eat snacks and meals on own					
Transitions easily					
Cooperative					
Exhibits self control					
Friendly					
Respects adults					
Makes friends					
Participates in activities					

Signature: _____

Date: _____