



**BILINGUAL BUDS**  
immersion school for children  
MANDARIN CHINESE · 中文普通话

## Teacher Recommendation and Transcript Release for After School

Dear Parents and Guardians,

Please complete the top half of this form then have the remainder completed by your child's most recent teacher. Be sure to provide the evaluator with a stamped envelope addressed to Bilingual Buds, 587 Springfield Ave, Summit, NJ 07901.

Child's name: \_\_\_\_\_

Applying for the following Program: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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Dear Teacher,

Your assessment of the applicant will remain confidential and we appreciate your honest feedback. After completing this form please mail it directly to our school. Thank you for your time.

Your Name: \_\_\_\_\_

School and Title: \_\_\_\_\_

How long and in what capacity have you known the student: \_\_\_\_\_

<b><i>Please rate the following:</i></b>	Above Average	Average	Needs Reinforcement	N/A	Comments
Attentive					
Cooperative					
Follows directions					
Motivated					
Curious					
Independent					
Confident					
Mature					
Respectful					
Fine motor skills					
Gross motor skills					
Overall effort					
Homework effort					

Academic potential					
Academic achievement					

What language does the child speak at home and what if any background does the child have in another language? In your opinion how open is the child to learning a foreign language?

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Have the parents been supportive and positively involved in their child's experience? Do they have realistic expectations for their child? Please explain.

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Has the child ever been recommended for evaluation? Please explain?

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Is there anything else you would like to share about the applicant?

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*Please enclose a most recent transcript.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

May we contact you if we have any questions?                      Yes                      No

Telephone number (optional) \_\_\_\_\_ When is the best time to reach you? \_\_\_\_\_