



STUDENT AND TEACHER INFORMATION

Application date (MM/DD/YYYY) *

Student full name *

Grade *

School year *

Teacher first name *

Teacher last name *

Teacher email *

Current school

School phone

School address

Grades / subjects taught to this student

How long have you known this student?

STUDENT RATINGS — 1 (LOWEST) TO 5 (HIGHEST)

Rating

1	2	3	4	5
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

Ability to express ideas verbally

Listening skills

Vocabulary

Critical thinking

Problem solving

Attention span

Reading for pleasure

Reading comprehension

Written expression / content

Written expression / mechanics

Mathematical ability / conceptual

Mathematical ability / computation



STUDENT RATINGS — CONTINUED

	Rating				
	1	2	3	4	5
Study habits	☐	☐	☐	☐	☐
Completing assignments on time	☐	☐	☐	☐	☐
Planning and organizational skills	☐	☐	☐	☐	☐
Ability to work independently	☐	☐	☐	☐	☐
Participation in discussions	☐	☐	☐	☐	☐
Following directions	☐	☐	☐	☐	☐
Personal responsibility	☐	☐	☐	☐	☐
Ability to cope with / respond to frustration	☐	☐	☐	☐	☐
Attendance	☐	☐	☐	☐	☐
Punctuality	☐	☐	☐	☐	☐
Use of time	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐
Ability to work in a group	☐	☐	☐	☐	☐
Consideration of others	☐	☐	☐	☐	☐
Interaction with peers	☐	☐	☐	☐	☐
Respect for authority	☐	☐	☐	☐	☐
Classroom conduct	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐
Response to constructive criticism	☐	☐	☐	☐	☐
Self-control	☐	☐	☐	☐	☐
Seeking help when needed	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐
Leadership ability	☐	☐	☐	☐	☐

FAMILY INFORMATION RATINGS — 1 (LOWEST) TO 5 (HIGHEST)

	Rating				
	1	2	3	4	5
Effective communication with school	☐	☐	☐	☐	☐
Attendance at school functions	☐	☐	☐	☐	☐
Cooperation with school rules	☐	☐	☐	☐	☐
Cooperation with administration / faculty	☐	☐	☐	☐	☐
Participation in child's education	☐	☐	☐	☐	☐



TEACHER NARRATIVE RECOMMENDATION

Teacher notes

1. Is the student prepared for the enrollment grade? Please explain. *

2. Describe the student's strengths and weaknesses. *

3. Describe any academic, disciplinary, or emotional concerns.

4. Additional comments

Overall recommendation

☐ Highly recommend ☐ Recommend ☐ With reservation ☐ Do not recommend

Optional follow-up phone

☐ Receive AURA news and updates by email

CERTIFICATION

I certify that this recommendation reflects my professional observations and is accurate to the best of my knowledge.

TO SIGN: E-Sign > Add Signature > Draw > Apply

Teacher Signature

Date *

☐ I certify the recommendation above.

Save the completed form and attach it to your email to submit.

SAVE AND EMAIL TO
admissions@auracademy.org