



## Brookfield School

Early Childhood Campus(TLC): 185 Redfield Parkway Main:  
6800 S. McCarran Blvd  
Middle: 6778 S. McCarran Blvd  
Reno, NV 89509  
Phone: (775) 825-0257, Fax: (775) 825-3463  
Email: Brookfield@gbis.com, Web: BrookfieldSchool.com

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### Confidential Recommendation

\_\_\_\_\_ (Teacher's Name) \_\_\_\_\_ (Grade/Subject)

\_\_\_\_\_ (Student's Name) is applying to Brookfield School for admission to the \_\_\_\_\_ grade. Please complete the following confidential form and return it directly to the school address below.

How long and in what capacity have you known the candidate? \_\_\_\_\_

\_\_\_\_\_

Please describe the effect, positive or negative, the candidate has had on the school and/or the community. \_\_\_\_\_

\_\_\_\_\_

Has the candidate ever been suspended or subject to disciplinary action?  Yes  No  
Please explain. \_\_\_\_\_

\_\_\_\_\_

What do you feel are the candidate's strengths? \_\_\_\_\_

\_\_\_\_\_

What do you feel are the candidate's needs? \_\_\_\_\_

\_\_\_\_\_

How does the candidate relate with adults? \_\_\_\_\_

\_\_\_\_\_

Would you recommend this candidate?  Yes  No  
Please explain. \_\_\_\_\_

\_\_\_\_\_

I understand that this form is confidential and will be returned directly to Brookfield School. Please mail or fax to address below or email to [kjohnson@brookfieldschool.com](mailto:kjohnson@brookfieldschool.com).

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

School Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_