



St. Mary's Catholic School

1019 South 7th Street Temple, TX 76504 • 254-778-8141 Fax: 254-778-1396 • www.stmarys-temple.org

Confidential teacher Recommendation : APPLYING FOR GRADES 1 - 8

Applicant's Name: _____ Candidate for _____ grade in August _____

I waive my right of access and that of my child to this recommendation form.

Parent signature: _____

TO THE TEACHER:

If the parent signature appears above, this recommendation will remain confidential and will not become part of the student's permanent record. Your input is a vital part of our process. Please complete this form carefully and thoroughly.

How long have you known the student? _____

If you had to indicate the outstanding attributes of this student in a few words, what would they be?

ACADEMIC QUALITIES

(please check appropriate box)

	No Basis for Judgment	No Basis for Judgment	Rarely	Sometimes	Often	Nearly Always
Academic potential						
Academic achievement						
Effort						
Study habits						
Ability to work in a group						
Ability to work independently						
Class participation						
Homework preparation and completion						
Intellectual curiosity						
Use of time						
Willingness to ask for help						
Ability to follow directions						
Attention span						

ENGLISH SKILLS

(please check appropriate box)

	No Basis for Judgment	No Basis for Judgment	Rarely	Sometimes	Often	Nearly Always
Reading skill and interest						
Written expression						
Oral expression						

MATH SKILLS

(please check appropriate box)

	No Basis for Judgment	No Basis for Judgment	Rarely	Sometimes	Often	Nearly Always
Computation accuracy						
Conceptual understanding						

MATH PLACEMENT

Current course level (Grades 6 - 8 only): _____ Textbook used: _____

Recommended placement for next year: _____

continued on reverse

PERSONAL QUALITIES

(please check appropriate box)

No Basis for
JudgmentNo Basis for
Judgment

Rarely

Sometimes

Often

Nearly Always

Integrity						
Respect for others						
Social adjustment with peers						
Responsibility						
Conduct						
Maturity						
Creativity						
Sense of humor						
Emotional stability						
Self-confidence						
Attendance						
Punctuality						

Please list any strengths/weaknesses or problems of which we should be aware. List any special or unusual circumstances (positive or negative) that may be relevant to the student's performance in school.

FAMILY INFORMATION

Parents are an important part of our relationship with a student. Please share any thoughts you have regarding family.

Communication with the school:

Rarely

Sometimes

Usually

Always

Cooperation with faculty/administration:

Rarely

Sometimes

Usually

Always

Participation in school community:

Rarely

Sometimes

Usually

Always

Participation in child's education:

Rarely

Sometimes

Usually

Always

To your knowledge, are the parents' perceptions/expectations of their child consistent with the school's understanding of the child?

Are you aware of any family circumstances that affect the student's life at home?

What kind of support might the student need from our school to reach his/her potential?

I recommend this student:

Enthusiastically

Strongly

With reservation

Not recommended

TEACHER INFORMATION

Name of person completing this form (please print):

School name:

Phone number:

Signature:

Position:

Date:

We sincerely appreciate your cooperation and candor. To ensure your confidentiality, please return this form directly to St. Mary's Catholic School: 1019 S. 7th Street, Temple, TX 76504 or by fax to: 254-778-1396

