



TEACHER RECOMMENDATION FORM

For students entering First through Fifth grades

Please sign and submit this form to the child's current teacher and have them mail or fax directly to St. Martin de Porres Catholic School before the registration deadline.

 Name of Student Candidate for Grade _____

PARENT or GUARDIAN: Please write your child's name in the space above and read and sign the following before giving this to your child's teacher.

I understand and agree that the information contained on this Teacher Recommendation Form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone outside of St. Martin de Porres Catholic School, and I waive any right that I may have to see it.

 Signature of Parent or Guardian Date _____

TEACHER: Please mail or fax this completed form directly to the office at St. Martin de Porres Catholic School as soon as possible as the student's application cannot be processed until this form is received in the school office. As a current teacher, please evaluate the candidate based on your direct knowledge of him or her. Keep in mind that the applicant should be evaluated according to others of the same chronological age. We thank you for your interest, cooperation, and honesty. Your comments will be held in strict confidence. Please check the appropriate boxes and include comments.

How long student was enrolled in your class _____

General Academic Ability: Superior High Average Average Below Average

I feel the chances for success for this child are greatest in (check all that apply):

Highly challenging academic environment Developmentally appropriate environment High structured environment

PRE-ACADEMIC DEVELOPMENT	Usually	Frequently	Sometimes	Seldom
Listens to and follows teacher's directions				
Is attentive to group discussions/activities				
Contributes appropriately to group discussions/activities				
Demonstrates ability to work independently				
Works cooperatively				
Enjoys new challenges				
Demonstrates good visual perception				
Demonstrates good auditory memory				
Exhibits problem solving abilities				
Expresses ideas in complete sentences				
Moves easily from one activity to another				
Demonstrates appropriate energy level				
Demonstrates ability to stay on task				
Is self-motivated				

PHYSICAL DEVELOPMENT	Excellent	Good	Needs Improvement
Gross motor coordination			
Speech/Articulation			
Fine motor coordination			
General health			

Name of Student _____

SOCIAL SKILLS	<i>Usually</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Seldom</i>
Responds positively to constructive criticism				
Establishes friendships easily				
Is comfortable in a group				
Shares well				
Is considerate of others				
Demonstrates self control				
Communicates needs effectively				
Takes responsibilities for belongings				
Is cooperative				
Demonstrates appropriate behavior				
Exhibits emotional maturity				

Circle the words that best describe this applicant:

Aggressive Anxious Witty Irritable Self-centered Conscientious
Mature Honest Articulate Responsible Easily discouraged Follower
Over-protected Oppositional Immature Well-liked Motivated Perfectionist
Shy Social Vivacious Disobedient Organized Positive leader
Helpful Confident Cheerful Manipulative Self-disciplined Negative leader

Child's attendance: Regular Frequent absences Frequent tardiness

Number of students in present classroom _____

If you have additional information that will be helpful to the school in evaluating the candidate's application, please comment. If needed, use another sheet of paper: _____

Check one: Highly recommended Recommended Recommended with reservation Do not recommend

If this answer is "Do not recommend" or "Recommended with reservation," please explain: _____

Check one: I would like to be willing to discuss the applicant by telephone.

Is there anything regarding the family that would be helpful for us to know? _____

Signature of Teacher

Please Print

Date

Name of School

Telephone

School Address

DIRECTOR/PRINCIPAL:

PARENTAL INVOLVEMENT	<i>Usually</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Seldom</i>
Participates in school activities				
Supports school policies and procedures				

Parent(s) attends conferences open house

Signature of Director/Principal

Date