



ST. ROSE OF LIMA

CATHOLIC SCHOOL

Teacher & Principal Recommendation Form

Entering 1st – 8th Grade

Name of Student _____ Incoming Grade _____

Parent or Guardian: Please read and sign below before giving this to your child’s teacher.

I understand and agree that the information contained in this form is confidential and will be used only in the selection of candidates and will not become part of the student’s permanent files. I also agree that the completed form will not be available to candidates, parents, or anyone else outside of the St. Rose of Lima Catholic School Admission Committee, and I waive any right that I may have to see view this recommendation. Teacher will send form to St. Rose of Lima Catholic School directly.

Signature of Parent or Legal Guardian

Printed Name

Date

Name of Applicant

Date of Birth

General Academic Ability

- Superior
 High Average
 Average
 Below Average

Academic Skills

	Frequently	Sometimes	Seldom
Listens to and follows teacher’s directions			
Is attentive and contributes to group discussions/activities			
Demonstrates ability to work independently			
Perseveres in spite of difficulty			
Works cooperatively			
Enjoys new challenges			
Exhibits problem solving abilities			
Expresses written ideas clearly			
Expresses verbal ideas clearly			
Is self-motivated			
Is intellectually curious			
Is prepared for class			

Name of Applicant _____

Social Skills

	Frequently	Sometimes	Seldom
Responds positively to constructive criticism			
Establishes friendships easily			
Is comfortable in a group			
Is respected by faculty			
Is respected by peers			
Respects others			
Demonstrates self-control			
Demonstrates appropriate behavior			
Exhibits emotional maturity			
Demonstrates appropriate energy level			

Student's Areas of Strength or Special Talents: _____

Circle the words that best describe this student. Use the spaces provided to add your own.

- | | | | | |
|----------------|--------------|-------------|--------------------|------------------|
| Aggressive | Honest | Immature | Disobedient | Self-disciplined |
| Mature | Oppositional | Vivacious | Manipulative | Conscientious |
| Over-protected | Social | Cheerful | Self-centered | Follower |
| Shy | Confident | Irritable | Easily discouraged | Perfectionist |
| Helpful | Witty | Responsible | Motivated | Negative leader |
| _____ | _____ | _____ | _____ | _____ |

Is student habitually tardy or absent? Yes No If yes, please elaborate: _____

If you have additional information that will be helpful in evaluating the student's application, please share.

Check one: I highly recommend I recommend I do not recommend

Teacher Recommendation

Name of Teacher completing this application _____

Signature of Teacher _____ Date _____

Name of School _____ Subject(s) taught _____

Parental Involvement

Parent(s)/ Guardian(s) support school policies and procedures:

- Usually Frequently Sometimes Seldom

Signature of Director/Principal _____ Date _____