

Teacher Recommendation for applicants second through fifth grade

Submit to applicant's current teacher. The teacher will forward this form to the OLACS Admissions Office.

Full Name of Student: _____ Current Grade of Student: _____

Teacher Name (print): _____ School Name: _____

I give my permission to the above-named teacher to answer the questions on this form and send the information to Our Lady of the Assumption Catholic School. I agree to hold the school, teacher and/or administrator named below harmless for information provided in this questionnaire. I waive any right of access to information provided on this form.

Signature of Parent or Guardian: _____ Date: _____

INSTRUCTIONS FOR TEACHER: Please use your professional judgment in answering the questions about the above-named student.
The information you provide will be kept strictly confidential.

Subject you teach: _____ Class size: _____ Teacher/student ratio _____ Virtual : _____

Student's length of time in your class? _____ Number of days absent: _____ Tardy: _____

Maturity age level (check one): Young Average Advanced _____

In relation to other students, how much of your personal time and attention did this applicant require?

Significantly more More Average Less Significantly less

Is there a disparity between ability and performance? Yes No If yes, identify behaviors associated with disparity:

Has the student ever been recommended for or identified as needing:

	No	Yes	Year		No	Yes	Year
Psychological testing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Grade retention	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special education	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

If "yes", did the parents follow through? Yes No _____

Reading — Publisher, text and Level: _____

Student's mastery level: Below grade level At grade level Above grade level

Comments on performance: _____

Math — Publisher, text and Level: _____

Student's mastery level: Below grade level At grade level Above grade level

Comments on performance: _____

What, if any, accommodations were made in your classroom for this student? _____

Classroom conduct: Frequent disruptions Occasional misconduct Usually good conduct Good conduct

Comments: _____

Has the student ever been on a behavior contract? Yes No Suspended? Yes No

If yes, please explain: _____

Student Name: _____

In relation to others in the student's age group whom you have taught, please rate the applicant on:

	No opportunity to observe	Poor	Fair	Average	Good	Excellent	Superior
Ability to work with others	_____	_____	_____	_____	_____	_____	_____
Classroom participation	_____	_____	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____	_____	_____
Disciplined work habits	_____	_____	_____	_____	_____	_____	_____
Effort/determination	_____	_____	_____	_____	_____	_____	_____
Honesty/integrity	_____	_____	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____	_____	_____
Oral Language	_____	_____	_____	_____	_____	_____	_____
Relationship to adults	_____	_____	_____	_____	_____	_____	_____
Self-control	_____	_____	_____	_____	_____	_____	_____
Written expression	_____	_____	_____	_____	_____	_____	_____

Please comment on the student's Attitude: _____

Work-study habits: _____

Relationship with his/her peers: _____

Do the parents have a realistic picture of their child's ability? No Sometimes Yes

Please comment on the parents' position toward the following:

	Unsatisfactory	Satisfactory	Good	Excellent
Interested in child's progress	_____	_____	_____	_____
Follows school policies/procedures	_____	_____	_____	_____
Accepts teacher suggestions	_____	_____	_____	_____
Allows child to take responsibility for actions	_____	_____	_____	_____
Communicates concerns in a timely manner	_____	_____	_____	_____

Comments: _____

I recommend this student to Our Lady of the Assumption School for:

- Academic Ability and Promise Not at all With reservation With confidence Enthusiastically
- Overall Not at all With reservation With confidence Enthusiastically

Thank you for the time and effort you have taken in completing this evaluation. Your observations are an important part of this student's application.

Evaluator's Name (print): _____ Position: _____

Evaluator's signature: _____ Date: _____

Best time/day(s) to contact: _____ Phone: _____

Principal's signature: _____ Date: _____