



1000 Bolling Avenue • Norfolk, Virginia 23508 • (757) 440-5500 • www.stpcs.org
 An Independent Catholic School • Prekindergarten – 8th Grade

TEACHER RECOMMENDATION FORM – GRADES 5-8

SECTION I Parent or guardian is to complete this information prior to giving it to the student's teacher(s).

_____ has applied for admission to Saint Patrick Catholic School.

I release you from any liability that could occur as a result of this teacher recommendation, and I waive my right to access.

Parent/Guardian Signature: _____ Date: _____

SECTION II (To be completed by one of applicant's current teachers)

Please supply the requested information and return this form directly to:

Office of Admissions, Saint Patrick Catholic School, 1000 Bolling Avenue, Norfolk, VA 23508

Fax: (757)213-0947 Email: Jbrown@stpcs.org

Please give three words that describe this student as a learner.

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How long have you known this student?

--

What are this student's strengths or special gifts?

--

What areas (if any) may need to be strengthened?

--

ATTENDANCE & HEALTH

YES UNCERTAIN NO

Does this student

...attend school on a regular basis?			
...arrive to school on time most days?			
...appear to have good health and stamina?			
...have allergies that prevent involvement in classroom activities?			

Additional comments:

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ACADEMIC SKILLS	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
Written Expression					
Study Habits					
Willingness to Take Risks					
Initiative and Motivation					
Participation in Class					
Reaction to Criticism					
Consideration of Others					
Independence					
Sense of Responsibility					
Creativity					
Sense of Humor					
Self Confidence					
Self Discipline					
Honesty/Integrity					
Additional comments:					

SOCIAL/EMOTIONAL	ALWAYS	MOST OF THE TIME	SOME OF THE TIME	RARELY	NEVER
Does this student					
...willingly and cooperatively participate in small-group activity?					
...show concern for using materials and equipment appropriately?					
...show leadership skills among classmates?					
...assist in classroom duties and responsibilities consistently?					
...attend to instructional time with few reminders?					
...need redirection more often than other students of the same developmental age?					
...treat other adults and classmates with respect/compassion?					
...follow directions?					
...have self control?					
...have a good attitude?					
...display emotional maturity?					
...display emotional stability?					
Additional comments:					

ATTENTION	YES	UNCERTAIN	NO
Does this student			
...easily transition from one classroom activity to another?			
...continue an activity without constant attention or encouragement?			
...continue a task until completed or time to stop?			
...usually accept limits set by an adult?			
Additional comments:			

How would you describe this student? (Check all that apply)			
<input type="checkbox"/> Determined	<input type="checkbox"/> Selfish	<input type="checkbox"/> Negative	<input type="checkbox"/> Competitive
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Liked	<input type="checkbox"/> Focused	<input type="checkbox"/> Disliked
<input type="checkbox"/> Advanced academically	<input type="checkbox"/> Average academically	<input type="checkbox"/> Below average academically	<input type="checkbox"/> Motivated
<input type="checkbox"/> Tolerated	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Well organized	<input type="checkbox"/> Artistic
<input type="checkbox"/> Athletic	<input type="checkbox"/> Responsible	<input type="checkbox"/> Needs discipline	<input type="checkbox"/> Defiant
<input type="checkbox"/> Silly	<input type="checkbox"/> Immature	<input type="checkbox"/> Mature	<input type="checkbox"/> Enjoys school
<input type="checkbox"/> Dislikes school	<input type="checkbox"/> Self directed	<input type="checkbox"/> Catches on easily	<input type="checkbox"/> Needs to be challenged
Other:			

How would you describe this student's parents' outlook toward the student and school? (Check all that apply)

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Domineering | <input type="checkbox"/> Protective | <input type="checkbox"/> Indifferent |
| <input type="checkbox"/> Involved | <input type="checkbox"/> Encouraging | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative |

Additional comments:

Is there anything else you would like to share about this student?

Do you have any concerns about the success of this student in a nurturing and academically rigorous environment?

Is the student currently on a 504 Plan or an IEP, or receiving any classroom modification to achieve success?
If yes, please describe the accommodations made for this student.

What subject(s) do you teach?

Thank you for your time and sincere evaluation of this student. Your recommendation will assist the Admissions Committee of Saint Patrick Catholic School. The information you provide will be considered confidential. If you have questions or comments, please contact the Director of Admissions at 213-0847.

SIGNATURE

SCHOOL

PRINTED NAME

GRADE TAUGHT

TELEPHONE

DATE