

Teacher Recommendation Form for Applicants applying to sixth and seventh grade

2026 - 2027

Submit one copy to applicant's current Language Arts teacher and one copy to applicant's current Math teacher.

The teachers 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.

Grade/Subject you teach _____ Class size _____ Teacher/student ratio _____ Virtual _____
Student's length of time in your class? _____ Number of days absent _____ Tardy _____

Mark subject which you are evaluating

☐ **ENGLISH/LANGUAGE ARTS** — Publisher, text and level: _____

Student's mastery level:	<input type="checkbox"/> Below grade level	<input type="checkbox"/> At grade level	<input type="checkbox"/> Above grade level
Reading Comprehension:	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Above average
Written Expression-Grammar:	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Above average
Written Expression-Composition:	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Above average

Comments on performance: _____

☐ **MATH** — Publisher, text and level: _____

Student's mastery level:	<input type="checkbox"/> Below grade level	<input type="checkbox"/> At grade level	<input type="checkbox"/> Above grade level
Knowledge of Basic Skills:	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Above average
Ability to grasp new concepts:	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Above average
Analytical Ability:	<input type="checkbox"/> Below average	<input type="checkbox"/> Average	<input type="checkbox"/> Above average

Comments on performance: _____

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:

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

Has the student ever been recommended for or identified as needing psychological testing, screening for OT or speech, grade retention, tutoring or a gifted program? ☐ Yes ☐ No If yes, please explain _____

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

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: _____

Our Lady of the Assumption Catholic School seeks to create a nurturing environment grounded in the Catholic faith, which provides for the spiritual and academic development of each child.

(over)

Student Name: _____

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

	Poor	Fair	Average	Good	Excellent	Superior
Ability to work with others	_____	_____	_____	_____	_____	_____
Attention span	_____	_____	_____	_____	_____	_____
Classroom participation	_____	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____	_____
Critical/abstract thinking skills	_____	_____	_____	_____	_____	_____
Disciplined work habits	_____	_____	_____	_____	_____	_____
Effort/determination	_____	_____	_____	_____	_____	_____
Honesty/integrity	_____	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____	_____
Oral language	_____	_____	_____	_____	_____	_____
Relationship to adults	_____	_____	_____	_____	_____	_____
Self-control	_____	_____	_____	_____	_____	_____

Please comment on the student's

Attitude/Work-study habits: _____

Relationship with his/her peers: _____

Areas of greatest strength: _____

Areas of greatest need: _____

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 & Promise	<input type="checkbox"/> Not at all	<input type="checkbox"/> With reservation	<input type="checkbox"/> With confidence	<input type="checkbox"/> Enthusiastically
Overall	<input type="checkbox"/> Not at all	<input type="checkbox"/> With reservation	<input type="checkbox"/> With confidence	<input type="checkbox"/> 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: _____