

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"/>	_____
Screening for speech, OT	<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	<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: _____