



**School Recommendation Form  
For Students Entering Grades 2 through 8**

*Parent/Guardian: Please complete the top portion and submit the form to your child's current school to be completed by the child's current teacher or principal. This form must be returned to us directly by the child's current school.*

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Grade/Program: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_

Current school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

To: School Head/Principal or Teacher:

Thank you for completing this confidential evaluation, which is a critical part of our decision-making process. Please note that we consider the applicant's personal qualities to be as important as his/her academic abilities. The answers to the questions on this page are extremely important to us; we value your thoughtful and honest assessments and appreciate the time you are taking to fill out this form. **THESE RECOMMENDATIONS ARE STRICTLY CONFIDENTIAL.**

**If the applicant were admitted to St. Martin of Tours School and left your school, your school would be losing**

**a student who...**

- is an excellent addition to the school.
- fits in adequately with your student body.
- adds in some areas but detracts in others.
- brings significant challenges to school each day.

**parents who ...**

- are amazing supporters in every school aspect.
- are supportive, interested, and participate.
- at times are supportive, interested, and participate.
- are difficult to work with and uninterested.

**ACADEMICS – Please check the appropriate box.**

FOR THE GRADE LEVEL	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	APPROACHING EXPECTATIONS	NOT APPROACHING EXPECTATIONS	NOT APPLICABLE
Reading					
English					
Spelling					
Math					
Science					
Social Studies					
Spanish					



Name of Student: \_\_\_\_\_

**PERSONAL QUALITIES – Please check the appropriate box.**

QUALITIES	EXCELLENT	GOOD	FAIR	UNSATISFACTORY
Relationship with Teacher				
Relationship with Peers				
General Attitude				
Classroom Behavior				
Follows Classroom/School Rules				
Responsibility for Own Actions				
Respectfulness				
Study Habits				
Problem Solving				
Cooperation with Others				
Caring/Empathy for Others				
Attendance				
Tardiness				

Please explain any quality of fair or unsatisfactory: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please describe any family, health or learning difficulties: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Is this student performing up to his/her potential? In what areas does he/she most need to improve?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please share any other observations/information which you think would be helpful: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Name of Teacher / Administrator Completing the Form*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Thank you for your time and cooperation in completing this form. You can fax back or mail in the form.*