



Saint Rose Academy

6218 Hospital Way, Douglasville, GA 30134

Phone: 770-882-3049 or Fax: 770-573-7186

www.SaintRoseAcademy.net

Confidential Teacher Recommendation 2011-2012

Part I (Parent/Guardian please complete)

Student Name: _____

Last

First

Middle

School Presently Attending: _____

School Address: _____ Phone: _____

City

State

Zip Code

Part II (Please take this form to your child's current teacher to be completed and returned to Saint Rose Academy.)

The student listed above has applied for admission into Saint Rose Academy for the 2010-2011 academic school year. We need your professional evaluation of this student to determine if Saint Rose Academy is the best academic option for him or her. Please answer the following questions as detailed as possible.

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

- Psychological testing Yes No
- Student Support Team Yes No
- Special education Yes No
- Gifted Program Yes No
- Grade retention Yes No
- Tutoring Yes No

If the answer is yes to any of the above, please include any information you may have concerning the recommendation and to what degree were the parents cooperative?

In your dealings with the parents, what is their attitude toward the child's learning and study habits? How have they cooperated with school policies and teacher's suggestions?

Please comment on the classroom and school behavior of the student, noting any behavior which would be detrimental to the learning atmosphere.

Confidential Teacher Recommendation

Please evaluate the candidate in the following areas by checking the appropriate boxes:

	Outstanding	Satisfactory	Average	Below Average	Poor
Religion				<input type="checkbox"/>	
English				<input type="checkbox"/>	
Reading				<input type="checkbox"/>	
Math				<input type="checkbox"/>	
Science				<input type="checkbox"/>	
Social Studies			<input type="checkbox"/>		<input type="checkbox"/>
Spelling				<input type="checkbox"/>	
Computer Skills			<input type="checkbox"/>		<input type="checkbox"/>
Conduct				<input type="checkbox"/>	
Attitude/Effort				<input type="checkbox"/>	
Respect for others		<input type="checkbox"/>		<input type="checkbox"/>	
Respect for authority		<input type="checkbox"/>		<input type="checkbox"/>	
Attendance			<input type="checkbox"/>		

Has absence or tardiness been a problem with this student? If yes, please explain.

Has the child ever been suspended? If yes, Please explain _____

Student Strengths: _____

Weaknesses: _____

Reading series and student level: _____

Math series and student level: _____

Based on your knowledge and experience with this student please check one of the following:

- I strongly recommend this student for admission I recommend this student
 I recommend this student with reservations I do not recommend this student

Signature of Person Completing this form _____

Printed name of person completing this form _____ Date _____

Title/position _____ Phone Number _____