

Sacred Heart Catholic School Office of Admissions

7th-12th Grade Teacher Recommendation - English

Student's Name: Date of Birth:
Applying to: School year:
7th 8th 9th 10th 11th 12th
2017-2018 2018-2019
2019-2020 2020-2021

Dear colleague,

The child listed above is applying for admission to Sacred Heart Catholic School. Our office finds candid evaluations quite helpful and appreciates your cooperation in giving as full an appraisal as possible for this student.

Sacred Heart Catholic School Office of Admissions

Parent's Signature Date Parent's Phone Number

Table with 6 columns: ACADEMIC PERFORMANCE, Excellent, Good, Average, Below Average, Poor. Rows include Ability, Reading comprehension, and Composition skills.

Table with 6 columns: LEARNING CHARACTERISTICS, Excellent, Good, Average, Below Average, Poor. Rows include Attention span, Ability to follow directions, Memory and retention, Attitude towards school, Ability to work independently, and Organization of work and material.

ATTENDANCE

Number of absences in current school year: \_\_\_\_\_

Number of tardies in current school year: \_\_\_\_\_

<b>SOCIAL &amp; EMOTIONAL DEVELOPMENT</b>	Excellent	Good	Average	Below Average	Poor
Ability to relate to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>This student demands an excessive amount of time for:</b>	Frequently	Sometimes	Seldom
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge, has the child ever been evaluated by a psychologist for concerns with learning, aggression, attention-span or any other issues?  Yes  No  Don't know

Does this student have an IEP (Individualized Education Plan)?  Yes  No  Don't know

Has this child ever been sent home for behavioral problems at school/center?

Yes  No  Don't know

If yes, why? \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS:**

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

**Please print:**

Person completing this form: \_\_\_\_\_

Position: \_\_\_\_\_

Name of School: \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

*Please mail or fax completed form to:*

**Sacred Heart Catholic School**

Office of Admissions

608 Southern Avenue

Hattiesburg, MS 39401

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Fax: (601) 583-8684