

TEACHER RECOMMENDATION FORM

(Students Going into Grades 1-8 Only)

The student listed below has applied for placement in our school. We would greatly appreciate you providing us with the requested information below so that we can have a record of the child's academic achievement, social behavior, his/her relationship with teacher and peers, and any additional information which would help us determine the student's educational needs.

Student name: _____

School name: _____

Current grade: _____

Attendance/Tardiness Record: _____

Please check the box you feel best applies to the above student:

	Excellent	Above Average	Average	Below Average	Poor
General attitude					
Effort					
Cooperation					
Conduct					
Study habits, uses time wisely					
Initiative					
Overall progress					
Completes assignments, homework					
Ability to express ideas orally					
Peer relationships					
Participation in class discussions					
Ability to follow directions					

Please comment on any of the above: _____

Teacher's name (printed)

Subject taught

Teacher's signature

Date

Return to: Our Lady of Hope School, 46633 Algonkian Parkway, Potomac Falls, VA 20165
school@ourladyofhope.net