



Student Recommendation Form

Applying for Kindergarten – 8th Grade

Student Name:		Current Grade:	
Teacher Name:		Contact Phone:	
School Name:		Date Completed:	
Contact Email:			

We appreciate your time in filing out this recommendation form. All responses will be kept confidential. Please check off a rating for each category.

ACADEMIC

Rating	Exceeds Expectations	Meets Expectations	Working Towards Expectations	Area of Concern
Reading				
Math				
Writing				

Rating	Excellent	Above Average	Average	Below Average	Not Observed
Academic Ability					
Work Habits					
Organization					
Ability to focus / stay on task					
Verbal Communication Skills					
Classroom Behavior					
Extracurricular Activities					
Completion of Home Learning					

BEHAVIOR

Rating	Excellent	Above Average	Average	Below Average
Integrity				
Attitude				
Maturity				
Respect for others				
Leadership				
Overall Behavior				
Emotional Stability				

How long have you known this student? _____

Please describe the student's relationship with peers:



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Question	Response	Please explain your response, if applicable.
Does the student have excessive tardies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student missed more than 10 days during any school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever been expelled, suspended or put on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student in good standing and eligible to re-enter your school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the parents involved at your school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the parents cooperative and supportive of school policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If a private school, do the parents meet their financial commitments in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever been tested for a learning disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any accommodations being made for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student receiving any support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speech / Language Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Academic Tutoring <input type="checkbox"/> Other:

Do you wish to further discuss this applicant with the principal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Best contact number: Best days/times to contact you:
Overall Comments / Notes:		

Teacher Name

Signature

Date

Please email this form directly to Jessica Carrasco at jcarrasco@sacredheartpalmdesert.com
 This form must NOT be given to the family. Call the school at 760-346-3513 with any questions.