Teacher Recommendation Form for Applicants applying to sixth and seventh grade

2023 - 2024

Our Lady of the Assumption Catholic School

Submit one copy to applicant's current Language Arts teacher and one copy to applicant's current Math teacher.
The teachers will forward this form to the OLACS admissions office.

Full Name of Student: _____ Current Grade of Student: _____

Teacher Name (print): _____ School Name: _____

I give my permission to the above-named teacher to answer the questions on this form and send the information to Our Lady of the Assumption Catholic School. I agree to hold the school, teacher and/or administrator named below harmless for information provided in this questionnaire. I waive any right of access to information provided on this form.

Signature of Parent or Guardian: _____ Date: _____

INSTRUCTIONS FOR TEACHER: Please use your professional judgment in answering the questions about the above-named student. ***The information you provide will be kept strictly confidential.***

Grade/Subject you teach _____ _____ Class size ____ Teacher/student ratio _____ Virtual _____

Student's length of time in your class? _____ Number of days absent _____ Tardy _____

Mark subject which you are evaluating

❑ **ENGLISH/LANGUAGE ARTS — Publisher, text and level:** _____

Student's mastery level: ❑ Below grade level ❑ At grade level ❑ Above grade level
Reading Comprehension: ❑ Below average ❑ Average ❑ Above average ❑ Excellent
Written Expression-Grammar: ❑ Below average ❑ Average ❑ Above average ❑ Excellent
Written Expression-Composition: ❑ Below average ❑ Average ❑ Above average ❑ Excellent

Comments on performance: _____

❑ **MATH — Publisher, text and level:** _____

Student's mastery level: ❑ Below grade level ❑ At grade level ❑ Above grade level
Knowledge of Basic Skills: ❑ Below average ❑ Average ❑ Above average ❑ Excellent
Ability to grasp new concepts: ❑ Below average ❑ Average ❑ Above average ❑ Excellent
Analytical Ability: ❑ Below average ❑ Average ❑ Above average ❑ Excellent

Comments on performance: _____

Maturity age level (check one): ❑Young ❑Average ❑Advanced

In relation to other students, how much of your personal time and attention did this applicant require?
❑Significantly more ❑More ❑Average ❑Less ❑Significantly less

Is there a disparity between ability and performance? ❑ Yes ❑ No If yes, identify behaviors associated with disparity:

_____

What, if any, accommodations were made in your classroom for this student? _____

Has the student ever been recommended for or identified as needing psychological testing, special education, grade retention, tutoring or a gifted program? ❑ Yes ❑ No If yes, please explain _____

_____

If "yes", did the parents follow through? ❑ Yes ❑ No _____

Classroom conduct: ❑ Frequent disruptions ❑ Occasional misconduct ❑ Usually good conduct ❑ Good conduct Comments:

Has the student ever been on a behavior contract? ❑ Yes ❑ No Suspended? ❑ Yes ❑ No

If yes, please explain:_____

Our Lady of the Assumption Catholic School seeks to create a nurturing environment grounded in the Catholic faith, which provides for the spiritual and academic development of each child.

(over)

Student Name:_____

In relation to others in the student's age group whom you have taught, please rate the applicant on:

	Poor	Fair	Average	Good	Excellent	Superior
Ability to work with others	____	____	____	____	____	____
Attention span	____	____	____	____	____	____
Classroom participation	____	____	____	____	____	____
Concern for others	____	____	____	____	____	____
Creativity	____	____	____	____	____	____
Critical/abstract thinking skills	____	____	____	____	____	____
Disciplined work habits	____	____	____	____	____	____
Effort/determination	____	____	____	____	____	____
Honesty/integrity	____	____	____	____	____	____
Intellectual curiosity	____	____	____	____	____	____
Independence	____	____	____	____	____	____
Motivation	____	____	____	____	____	____
Oral language	____	____	____	____	____	____
Relationship to adults	____	____	____	____	____	____
Self control	____	____	____	____	____	____

Please comment on the student's

Attitude/Work-study habits: _____

_____

Relationship with his/her peers: _____

_____

Areas of greatest strength: _____

_____

Areas of greatest need: _____

_____

Do the parents have a realistic picture of their child's ability? ❑ No ❑ Sometimes ❑ Yes

Please comment on the parents' position toward the following:

	Unsatisfactory	Satisfactory	Good	Excellent
Interested in child's progress	____	____	____	____
Follows school policies/procedures	____	____	____	____
Accepts teacher suggestions	____	____	____	____
Allows child to take responsibility for actions	____	____	____	____
Communicates concerns in a timely manner	____	____	____	____

Comments: _____

I recommend this student to Our Lady of the Assumption School for:

Academic Ability & Promise	❑ Not at all	❑ With reservation	❑ With confidence	❑ Enthusiastically
Overall	❑ Not at all	❑ With reservation	❑ With confidence	❑ Enthusiastically

Thank you for the time and effort you have taken in completing this evaluation. Your observations are an important part of this student's application.

Evaluator's Name *(print)*: _____ Position: _____

Evaluator's signature: _____ Date: _____

Best time/day(s) to contact: _____ Phone: _____

Principal's signature:_____ Date: _____