

St. Paul's School

TEACHER RECOMMENDATION FORM FOR GRADES 1 THROUGH 8

Name of Student Applicant: _____ Grade applying for: _____

Dear Current/Former Teacher:

We appreciate your candid responses to the following questions. Your insights are very important in the admissions process and are **STRICTLY CONFIDENTIAL**. Please mail this questionnaire back to our school office. **PLEASE DO NOT RETURN THIS QUESTIONNAIRE TO THE PARENT TO SUBMIT TO US.** We have enclosed a self-addressed envelope for this purpose.

1. What are the first few words that come to mind to describe this student? _____

2. Please comment on the following for this student.

Effort and motivation _____

Ability to get along with teachers and peers _____

Ability to work with others _____

Study habits _____

3. Academic Development.

What are this student's academic strengths? _____

What are this student's academic needs? _____

4. Social/Emotional Development:

What are this student's strengths? _____

What are this student's areas for growth? _____

5. If you could choose the most appropriate educational environment for this student, what would it be?

6. In what capacity and for how long have you known this applicant? _____

7. We expect all our families to be involved in service hours to the school and our fundraising activities. Please describe the family relationship with the faculty and administration in regard to this and any other areas.

Is there any additional information you would prefer to convey in a phone conversation?

_____ Yes _____ No Phone No. () _____

If this student has had an IEP or any other testing, please let us know and send us any information you have in connection with this.

Additional comments: _____

Name of person completing form: _____

Position: _____ E-mail (optional): _____

School: _____

School Phone: () _____ Fax: () _____

Date: _____

Please return in the self-addressed envelope. Thank you.

Yours truly,

Arleen Guaraglia
Principal

